

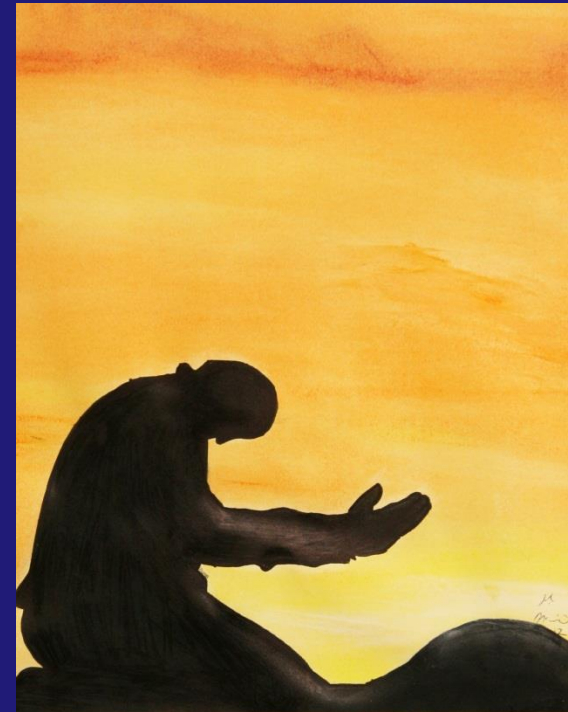


## **Behavioral Health Mental Health Services Act (MHSA) Coordination**

# **Community Policy Advisory Committee**

Mental Health Services Act,  
Innovation

Sarah Eberhardt-Rios, Deputy Director  
Michelle Dusick, Acting MHSA Coordinator  
Susanne Kulesa, Program Manager  
Joshua Morgan, Psy D, Research and Planning  
Psychologist  
February 19, 2015



*Artist: Marvin Ray Toms*

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the State.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- As these taxes are paid, fluctuations impact fiscal projections and available funding.

**WIC § 5848** states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- Evaluation
- Budget Allocations

- Community Services and Supports
- Prevention and Early Intervention
- **Innovation (INN)**
- Workforce Education and Training
- Capital Facilities and Technological Needs
- Community Program Planning

Address one of the following learning purposes as its primary purpose:

- (1) To increase access to underserved groups.
- (2) To increase the quality of services, including better outcomes.
- (3) To promote interagency collaboration.
- (4) To increase access to services.

Support innovative approaches by doing one of the following:

- (A) Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- (B) Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- (C) Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

- An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service.
- County mental health programs shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission.

## Time-limited Pilot Project

- Maximum of 4 years from the start date of the project.
- Successful parts of the project may continue under a different funding source or be incorporated into existing services.
- Projects may be terminated prior to planned end date.

\*All information on this slide is proposed and subject to change as proposed legislation goes through legislative review.



Two Innovation Projects are coming to a foreseen end in June 2015:

- Holistic Campus
- Interagency Youth Resiliency Teams (IYRT)

Project end date is 6/30/2015:

- Data & Outcome information to date discussed at CPAC meeting on 8/21/14.
- Services to be transitioned and end by 5/31/2015.
- Youth will receive a “warm handoff” to ensure the continuation of services currently being received.
- Evaluation efforts well underway.
- Contractors to provide final reports early FY 15/16.

Our goal today is to spend this meeting discussing:

## Holistic Campus

## Legislated Goal:

- Increase Access to Underserved Groups

## Learning Purpose:

- Determine if this high percentage of culturally diverse peers, along with the availability of resources to local providers, fosters a more diverse environment and concurrently out of one location with both culturally specific and traditional healing methods.
- Determine if our underserved, unserved and inappropriately served populations are more comfortable seeking services within a holistic campus setting, where the community determines the services offered, the majority of employees are peers and cultural brokers, and where DBH provides maximum flexibility.

## Project Timelines

- Two campuses stopped direct services in September 2014.
- Third campus end date is June 30, 2015.

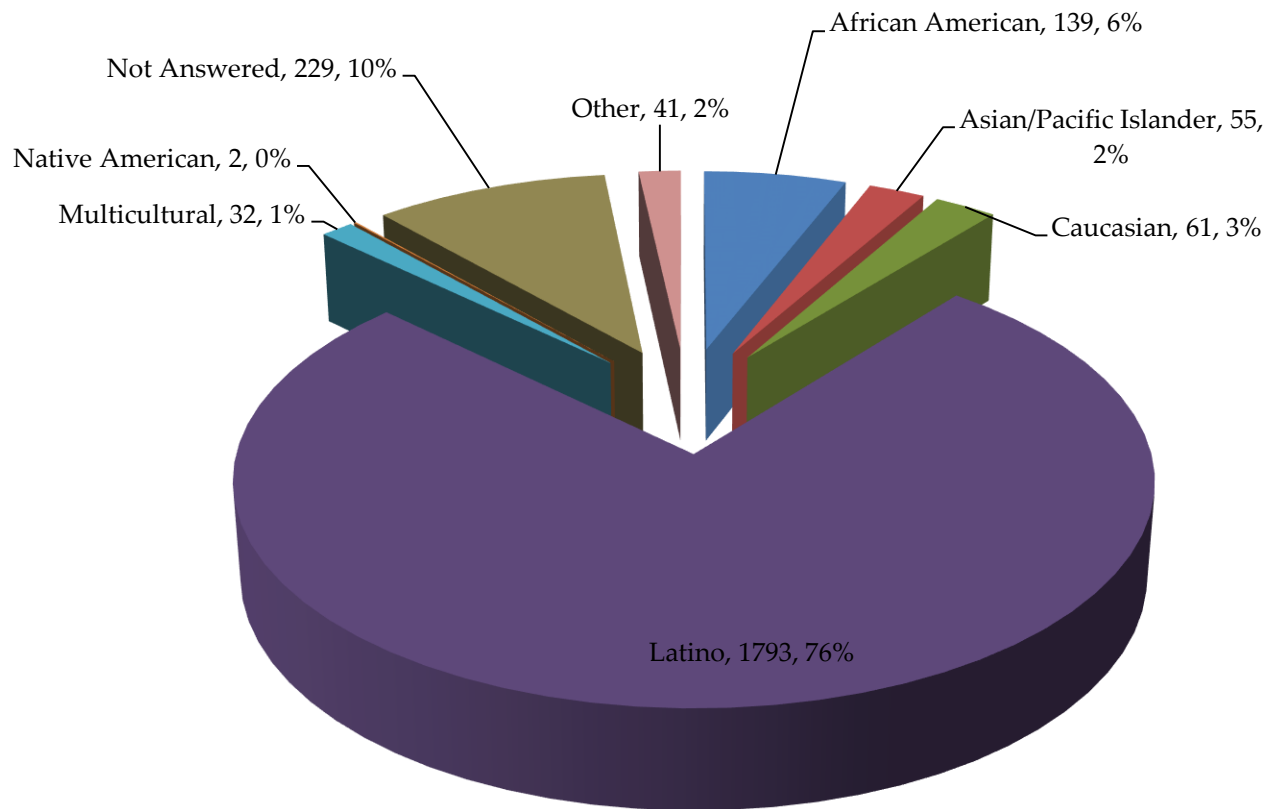
*Note: The variance in end dates is the result of separate contracts and start dates.*

Who we served:

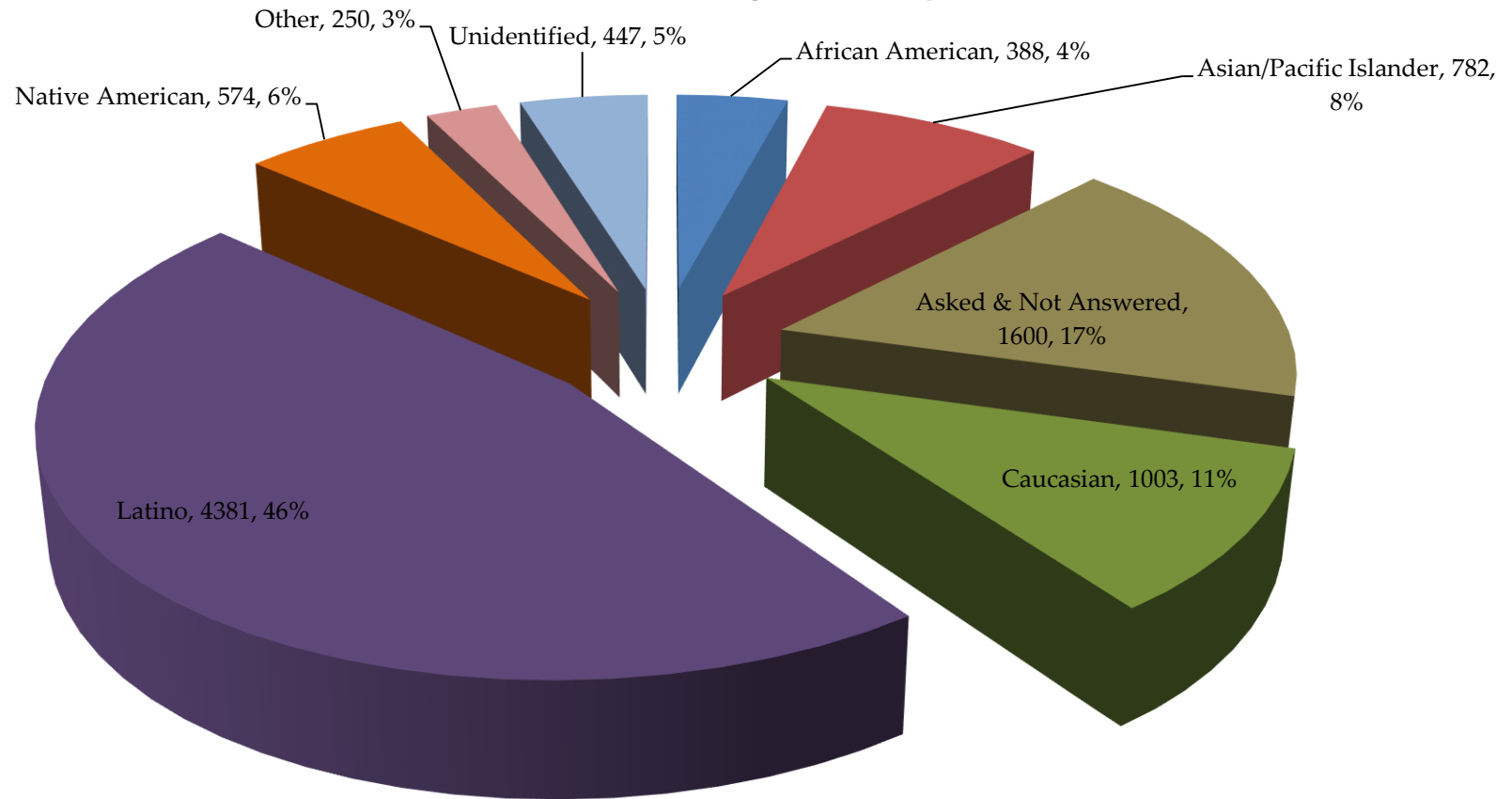
Fiscal Year	Central Valley	West Valley	High Desert	Total
2012/13	*0	3924	4614	8538
2013/14	1434	3592	4272	9298

\*Central Valley did not provide services for FY 2012/13 due to a later contract start date.

## Central Valley Region

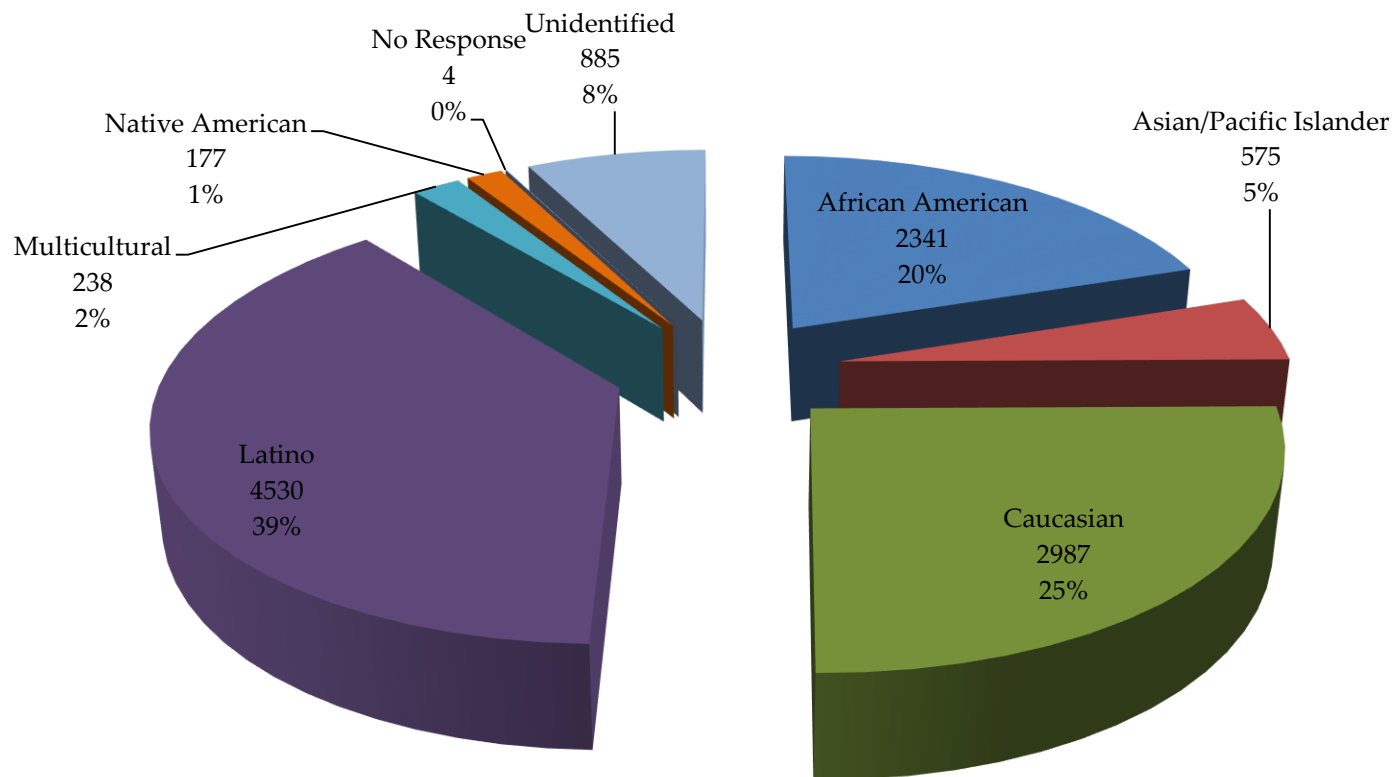


## West Valley Region

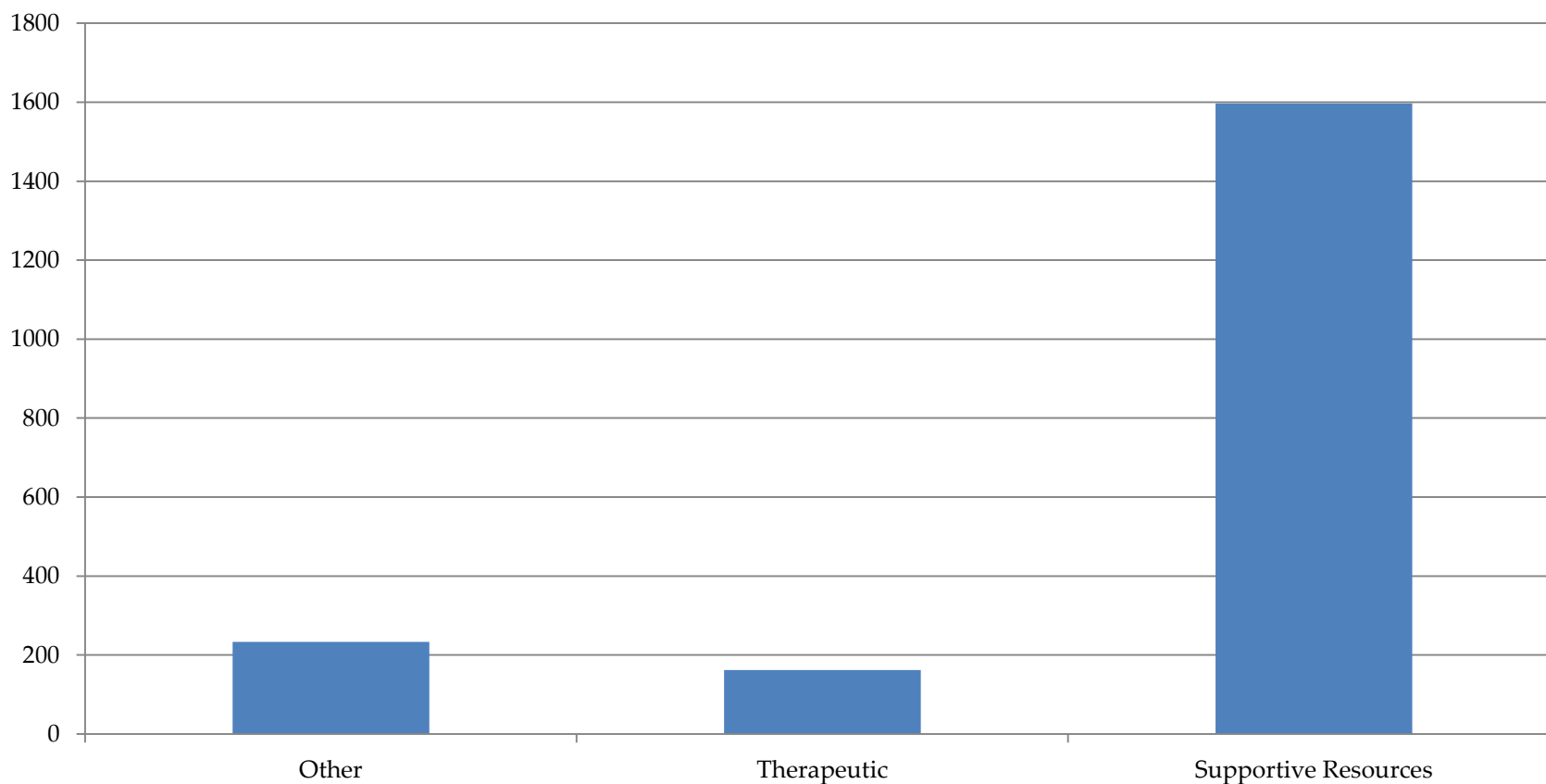




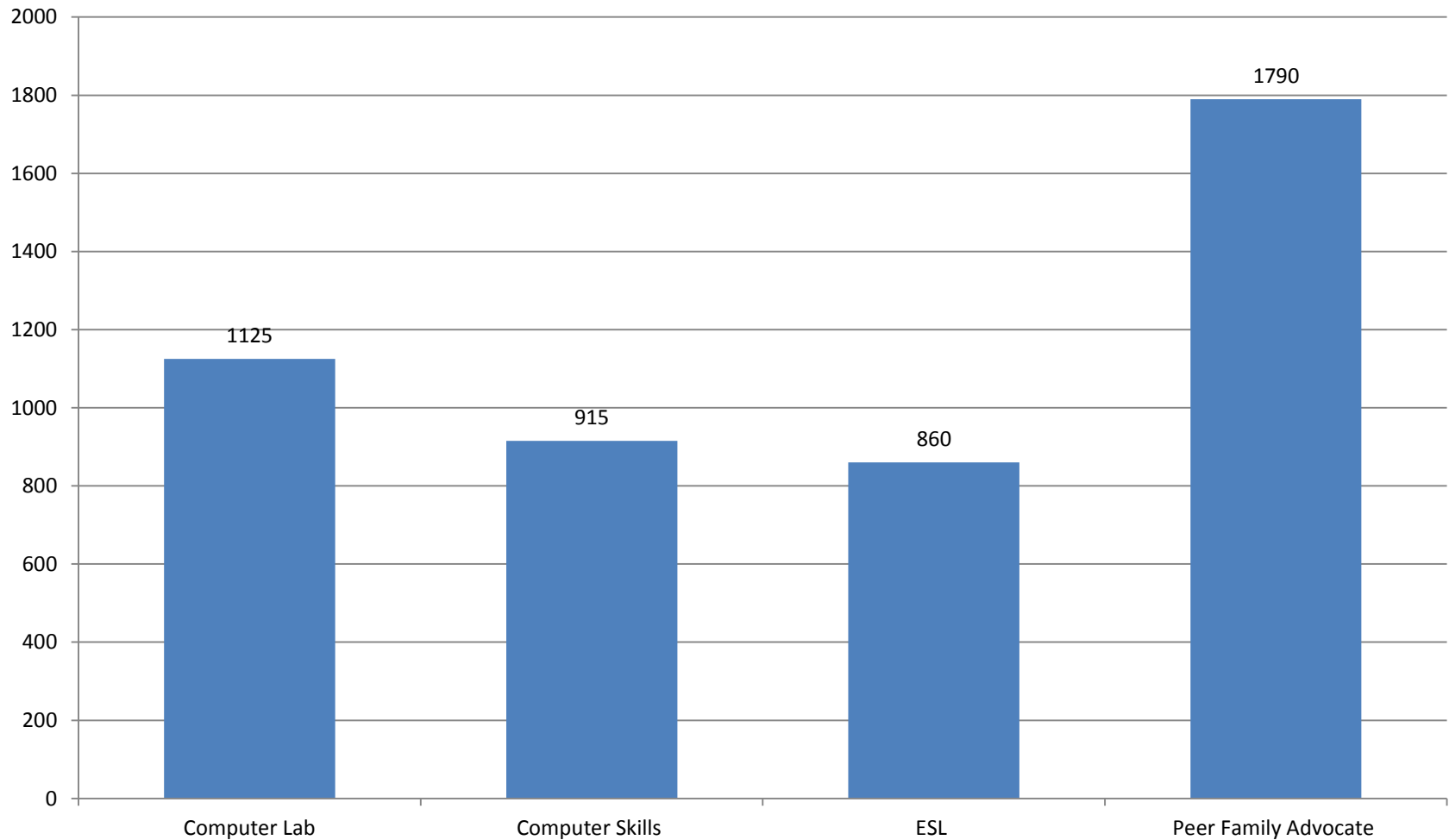
## Desert/Mountain Region



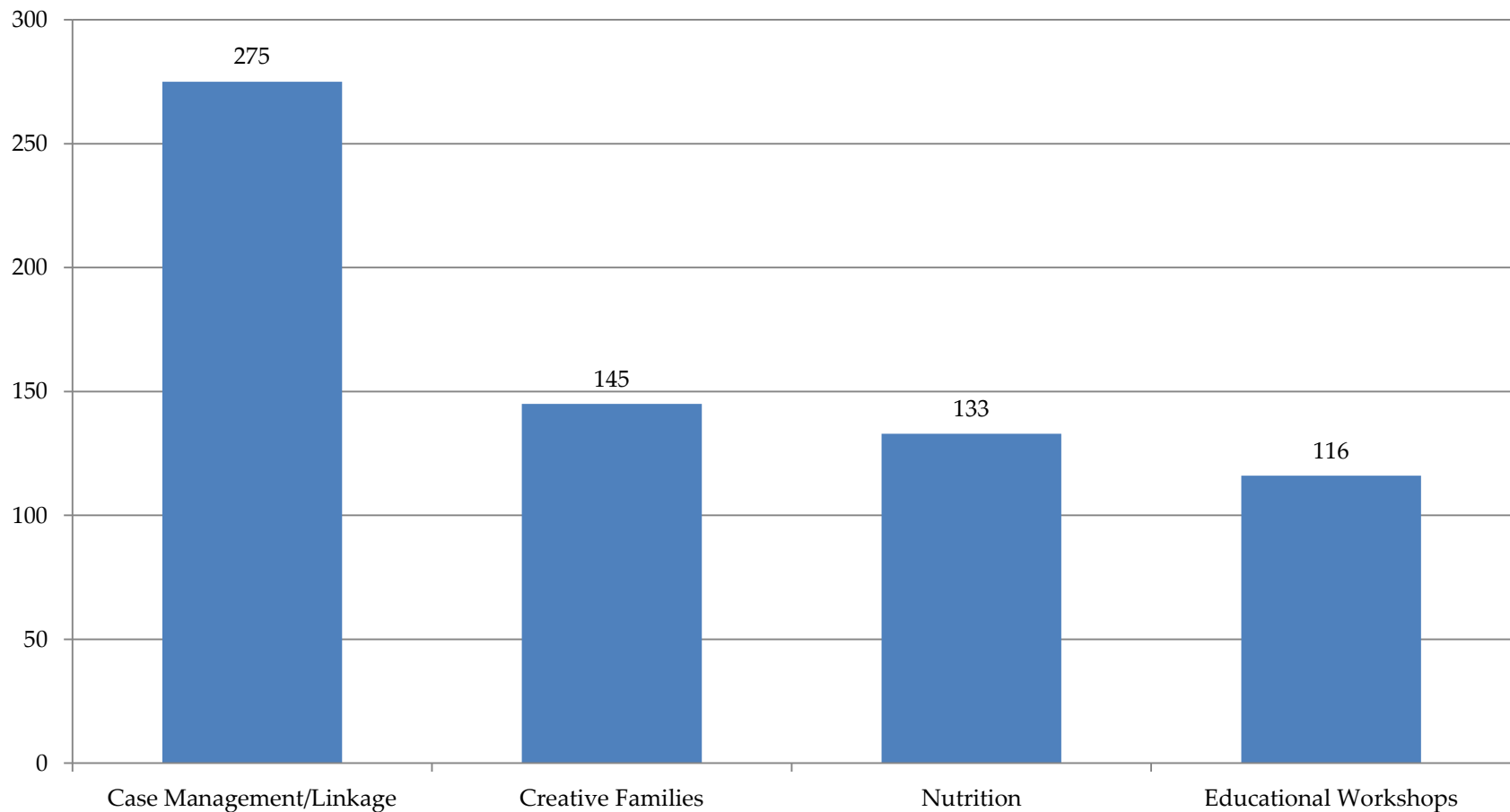
## Most Utilized Services – Central Valley



## Most Utilized Services – West Valley



## Most Utilized Services – Desert/Mountain



## How do we apply what we have learned?

- Evaluate what worked in this project.
- Determine if “what worked” is happening anywhere else.
- Talk about how we can apply “what worked” in the rest of the DBH system of care.

**Outreach Activities** - Activities and events aimed at disseminating information regarding the services that are offered at the holistic campus. Examples included health fairs, job fairs, Powwow, 12 step events, cultural specific activities.

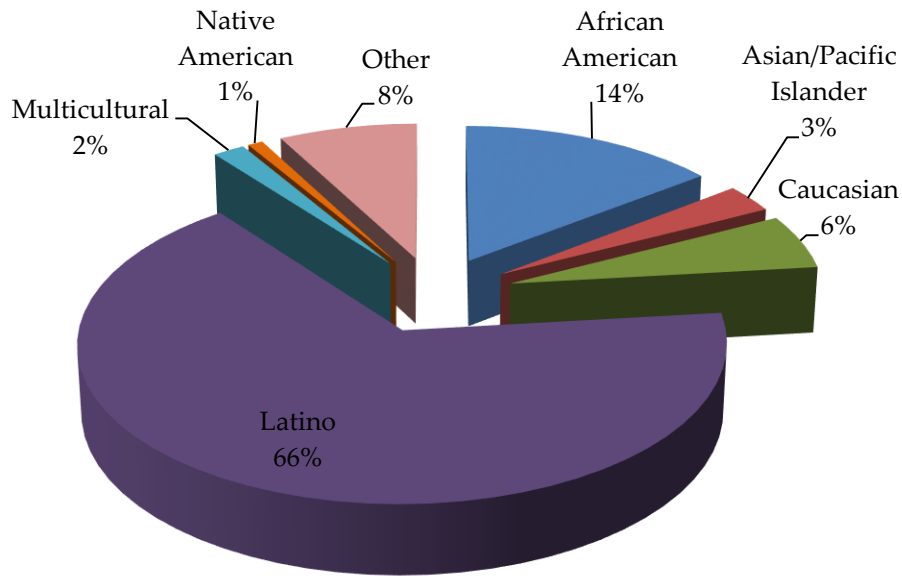
**Wellness Activities** - Activities that are aimed at improving the overall wellness of the individual. The activities are based on SAMHSA's eight dimensions of wellness (emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual). Peer Counseling was a significant wellness activity, which included individual counseling from a Peer Family Advocate (PFA), Peer Partner, Parent Partner, or Community Health Worker covering basic life issues, offering encouragement and support to the individual. Other examples include yoga, Zumba, art therapy, computer classes, ESL, GED, life skills, nutrition, parenting, anger management, and other self-help or peer run activities.

**Therapeutic Activities** - Individual, family, or group counseling facilitated by a clinician.

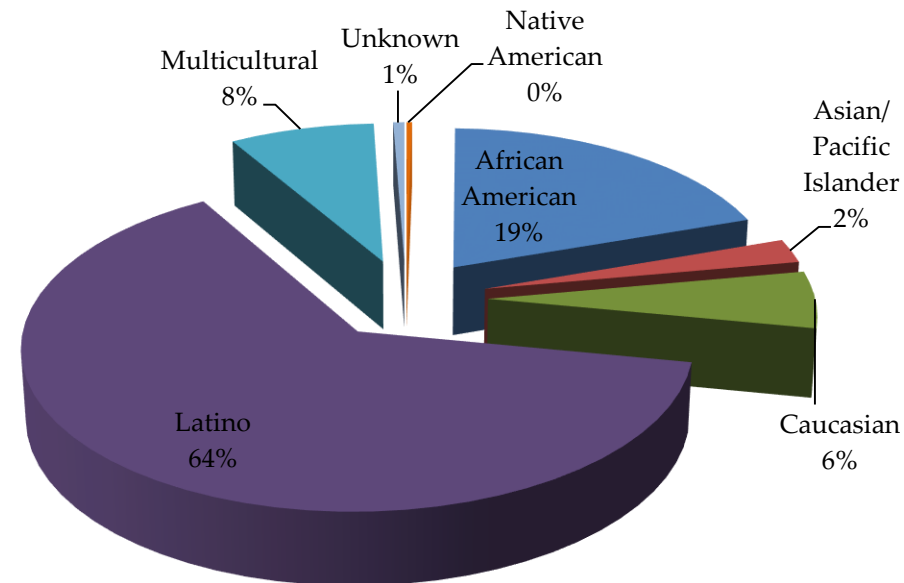
\* See FAQ/Definition Handout

## Section I

## Central Valley Holistic Campus

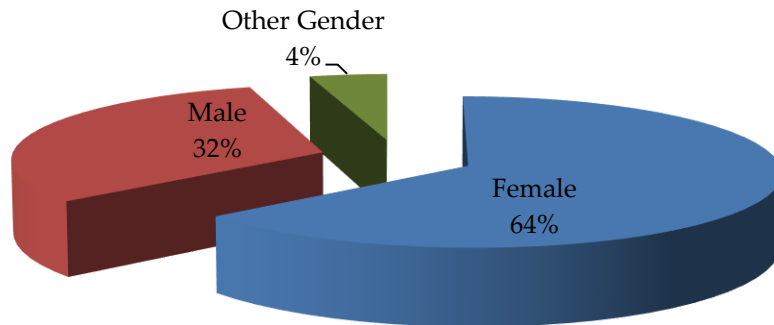


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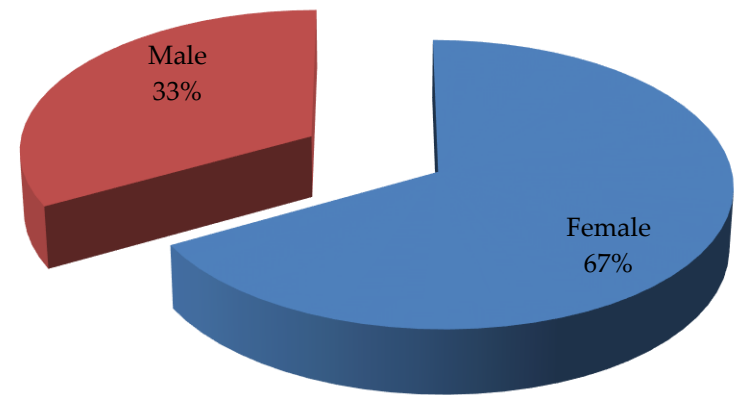




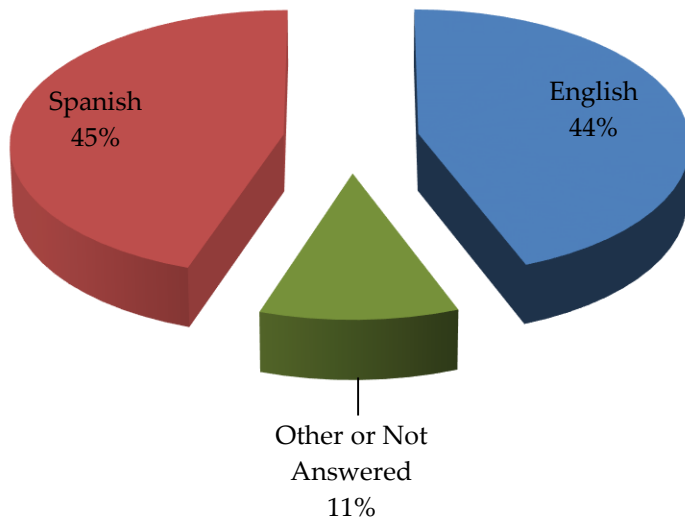
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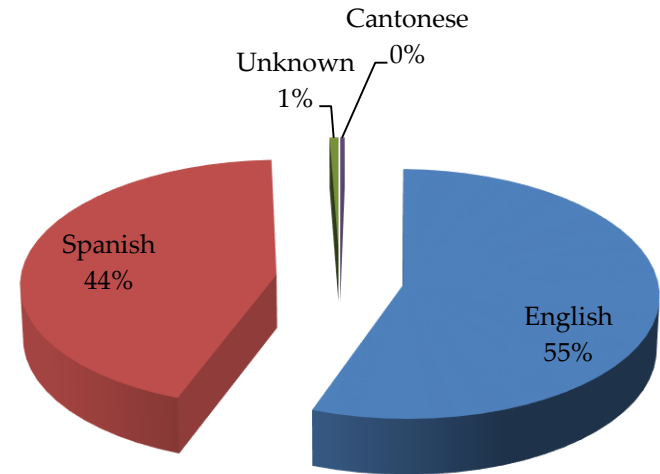
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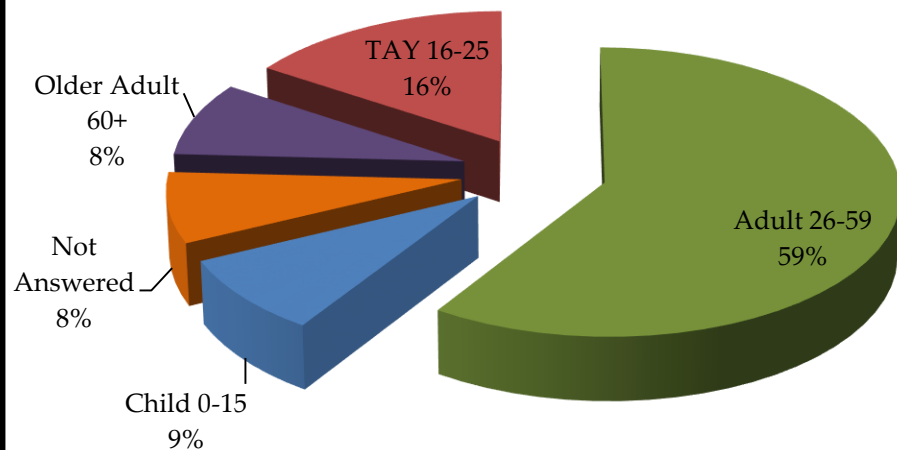
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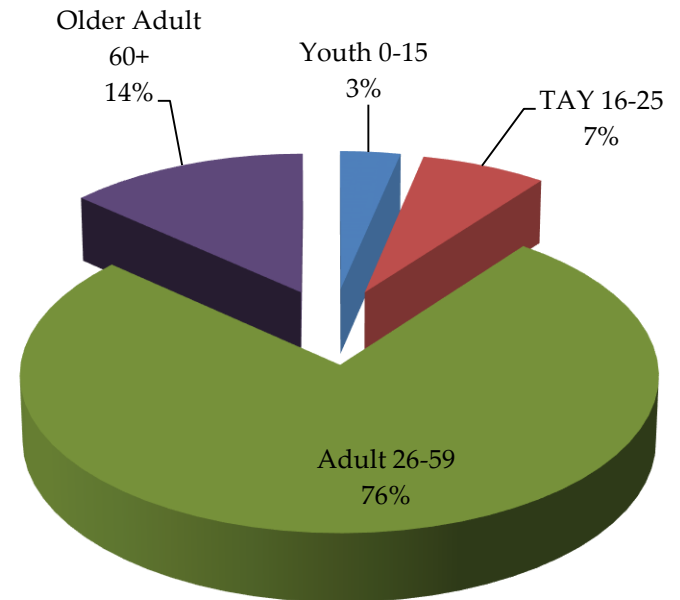
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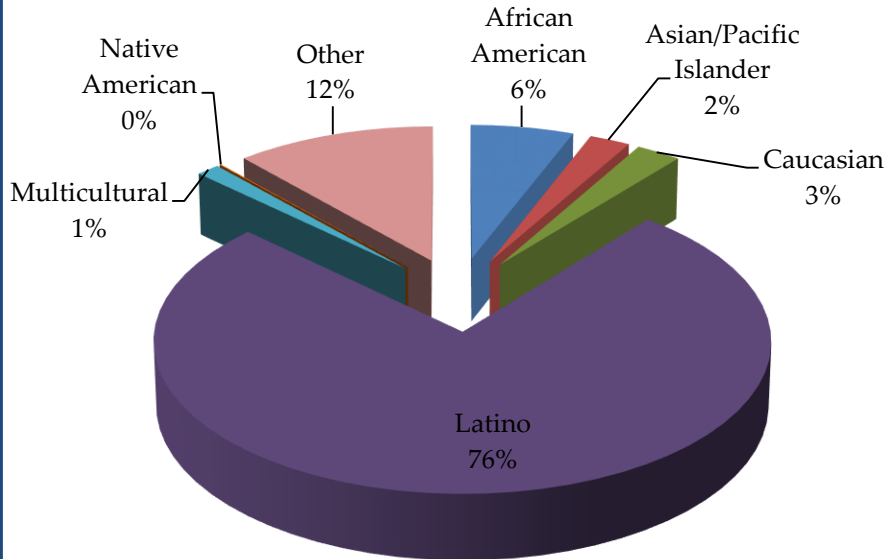
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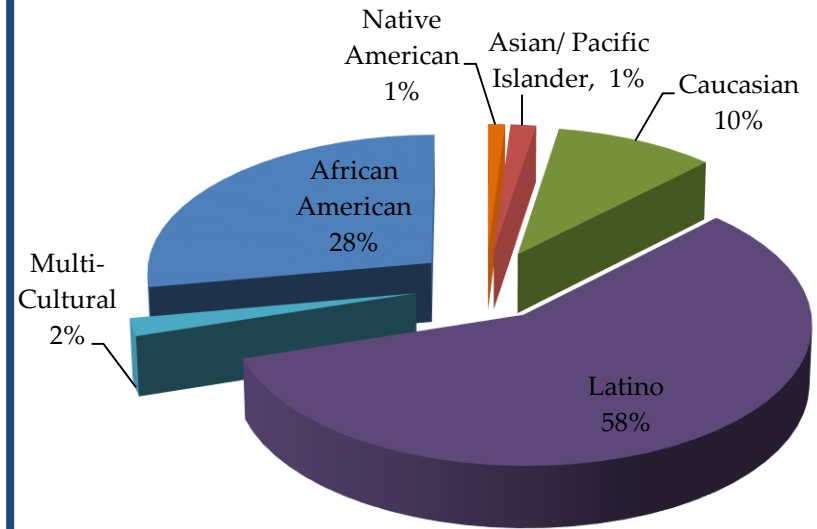
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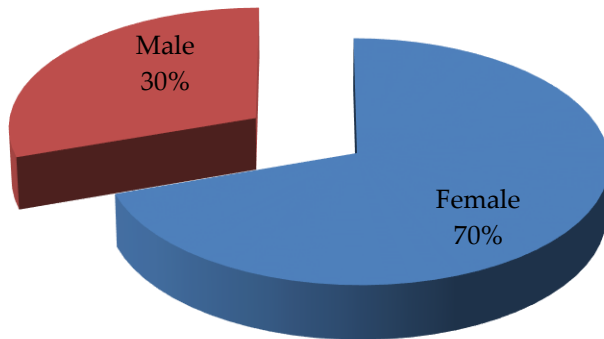
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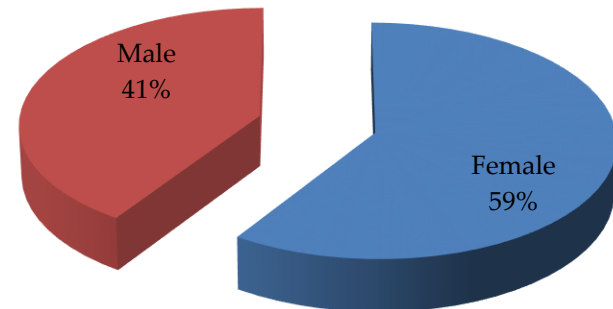
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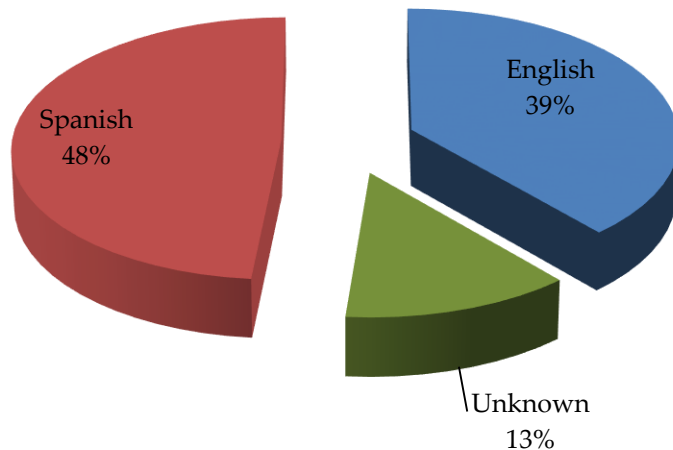
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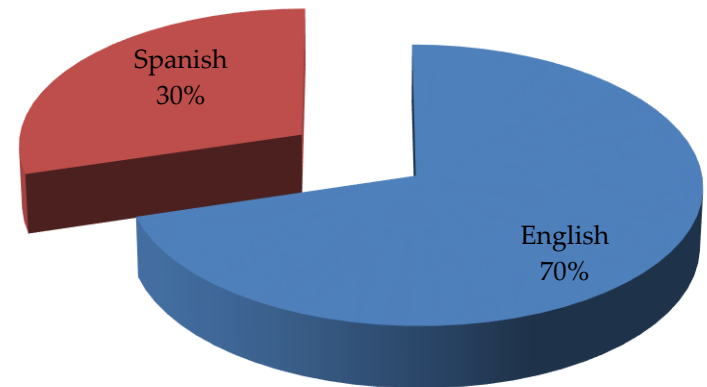
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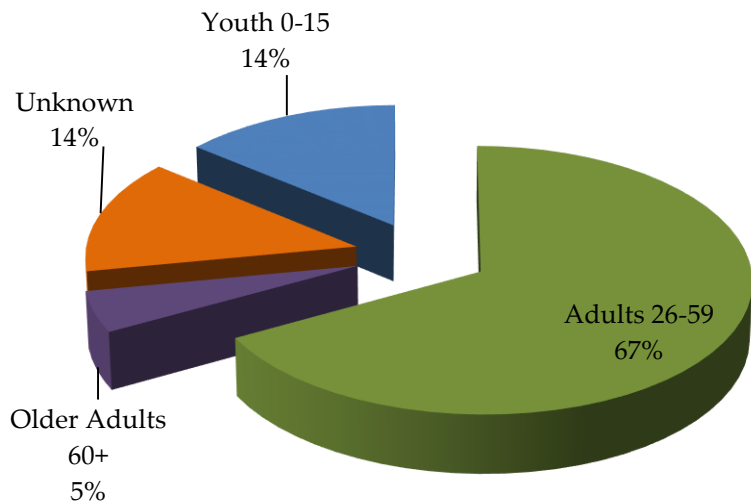
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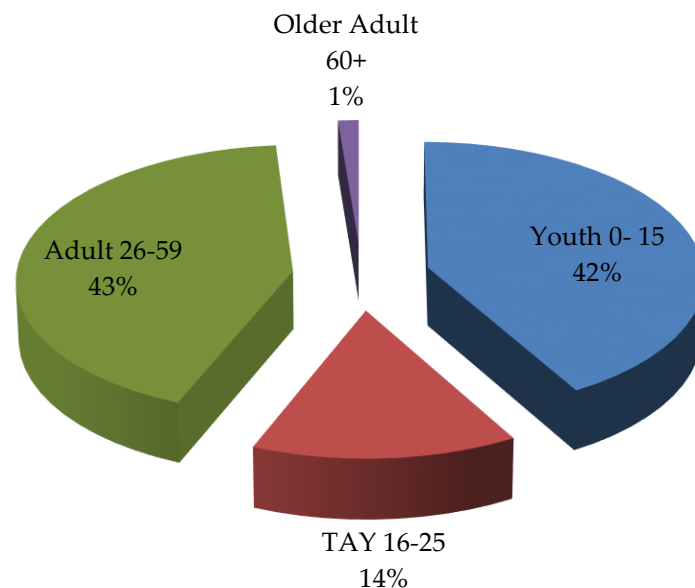
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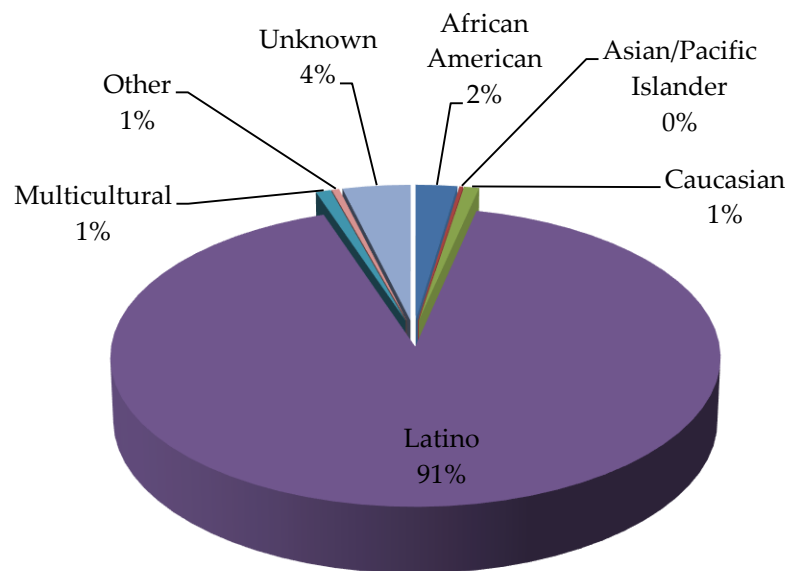
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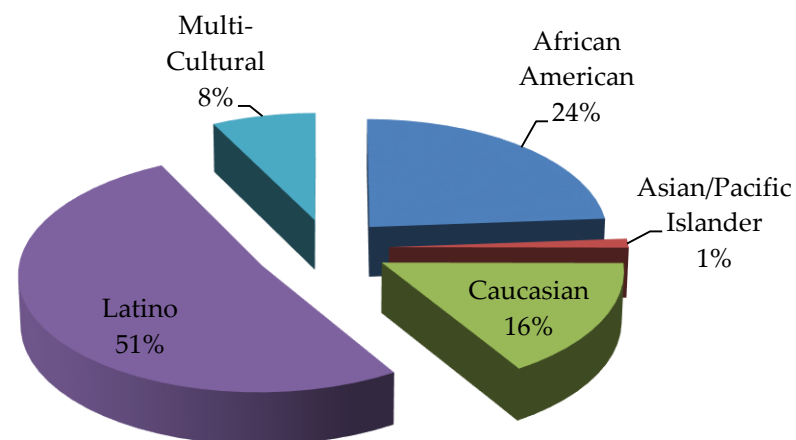
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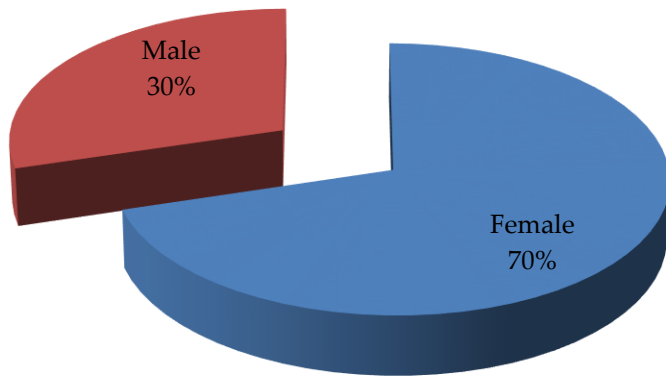


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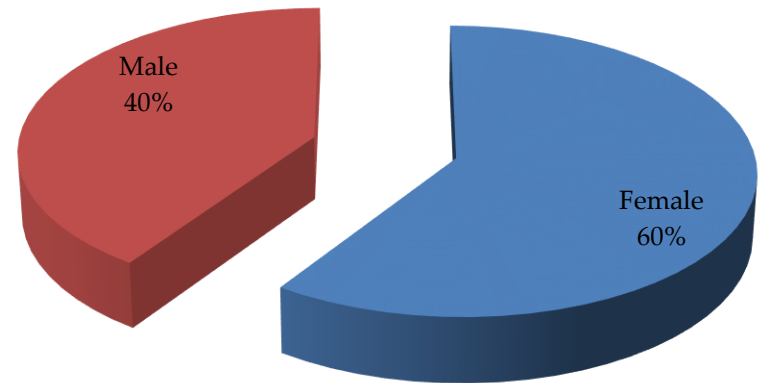




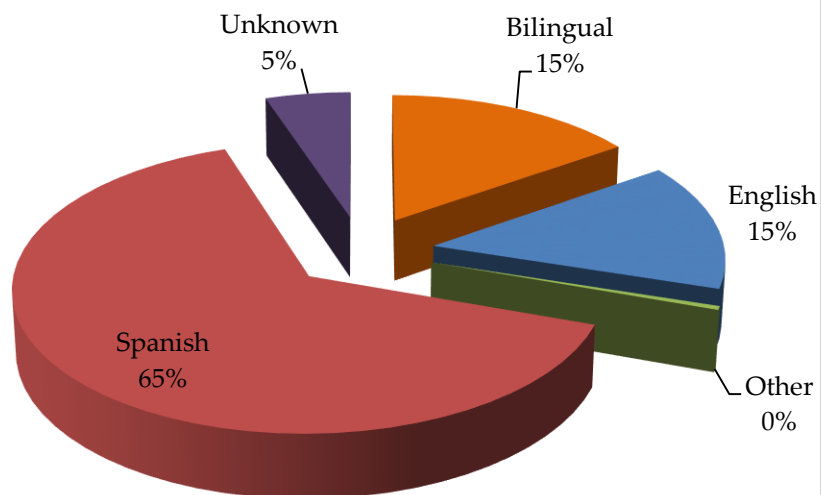
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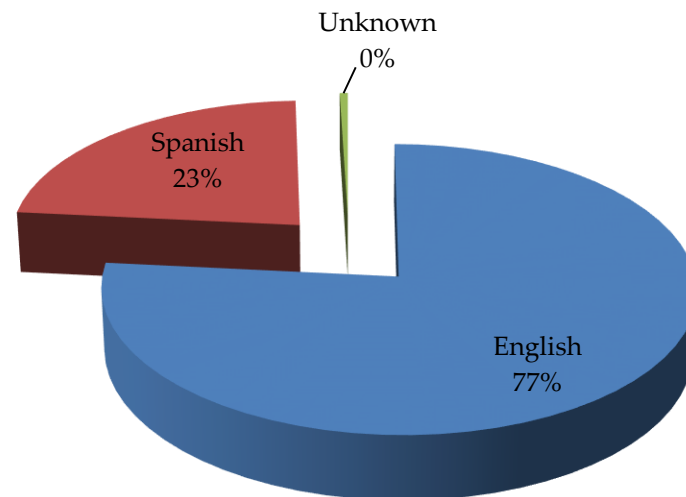
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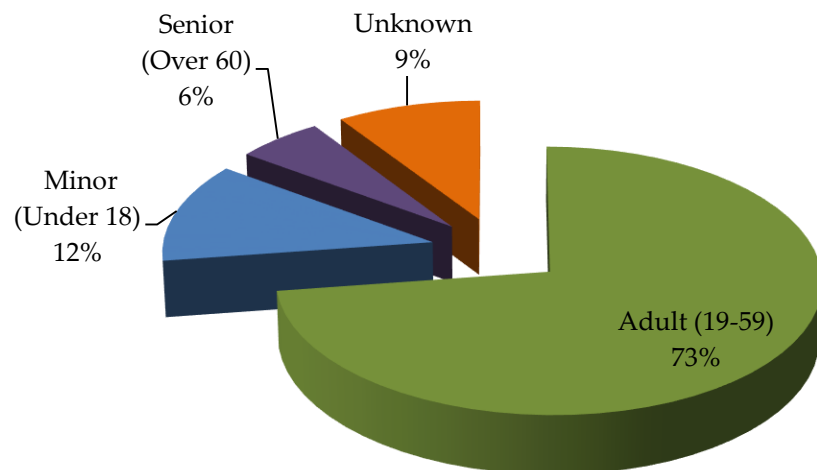
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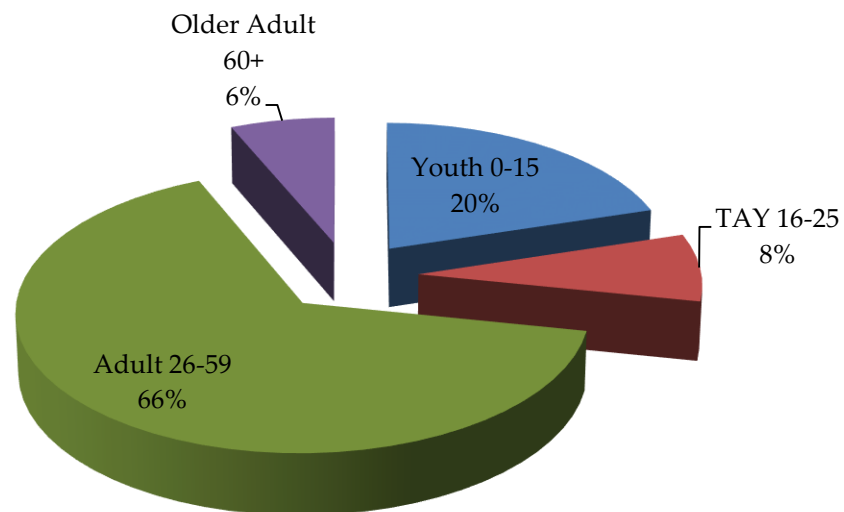
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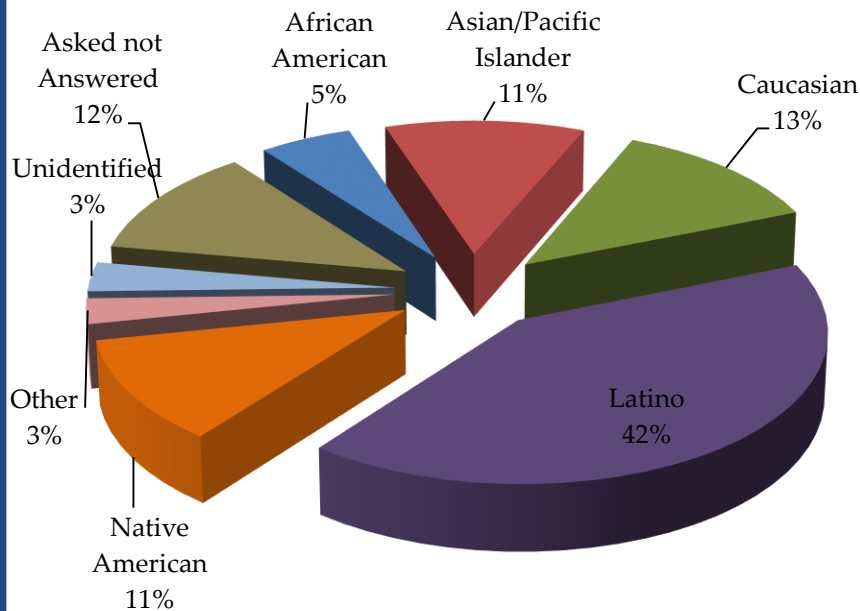
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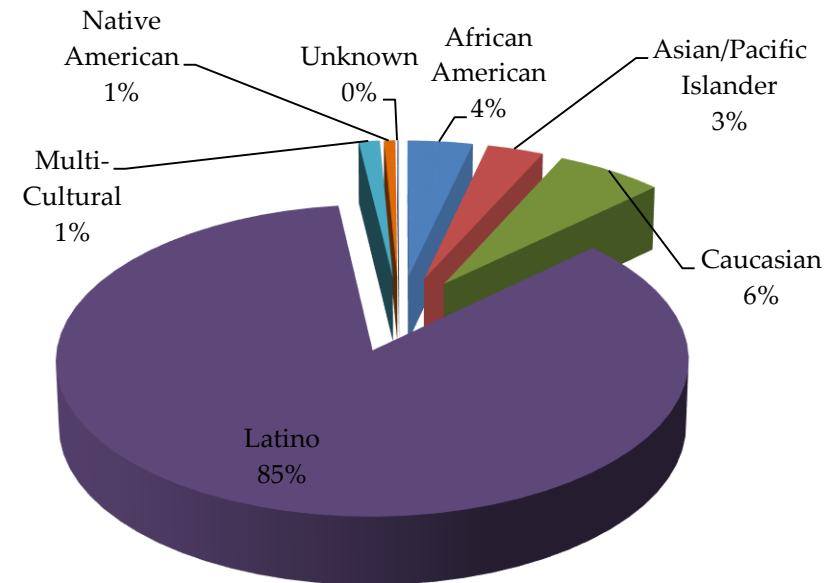
# Discussion Section I

# Section II

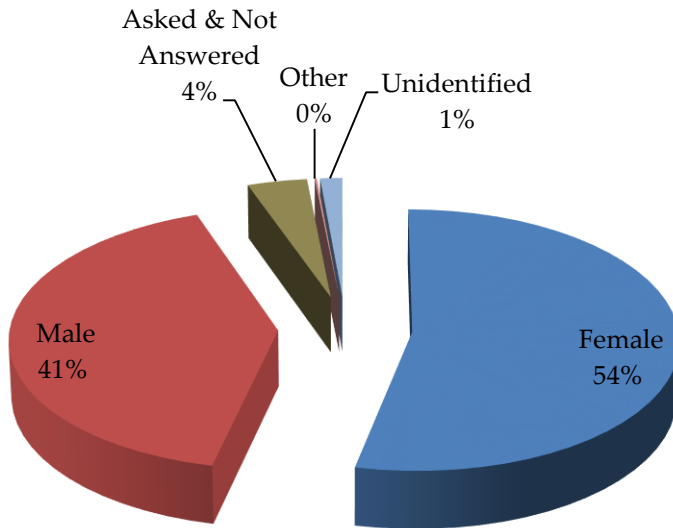
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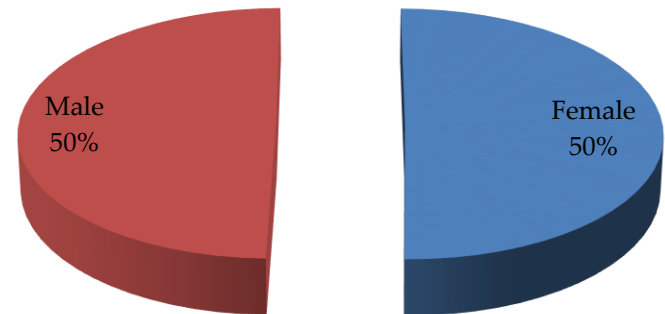
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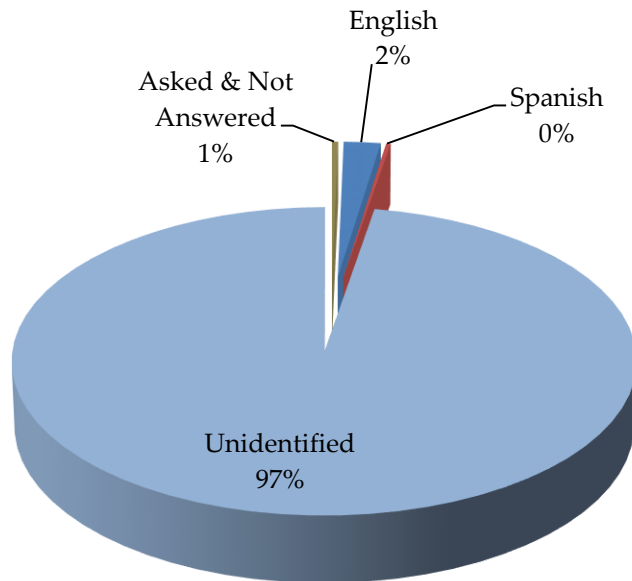
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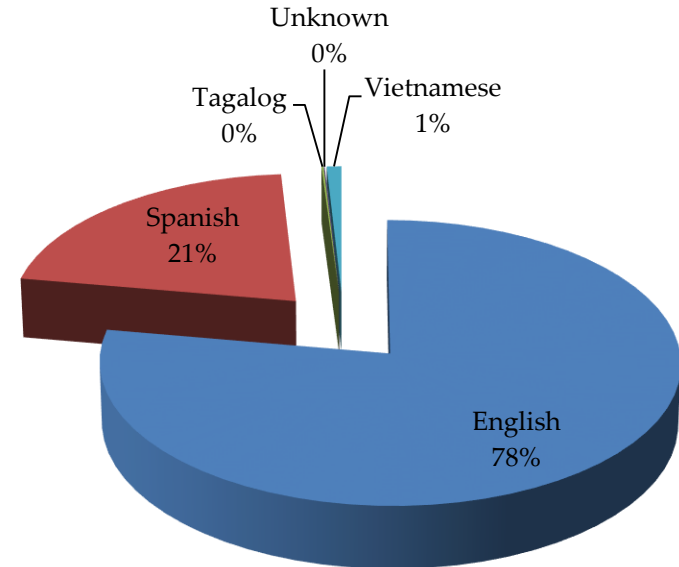
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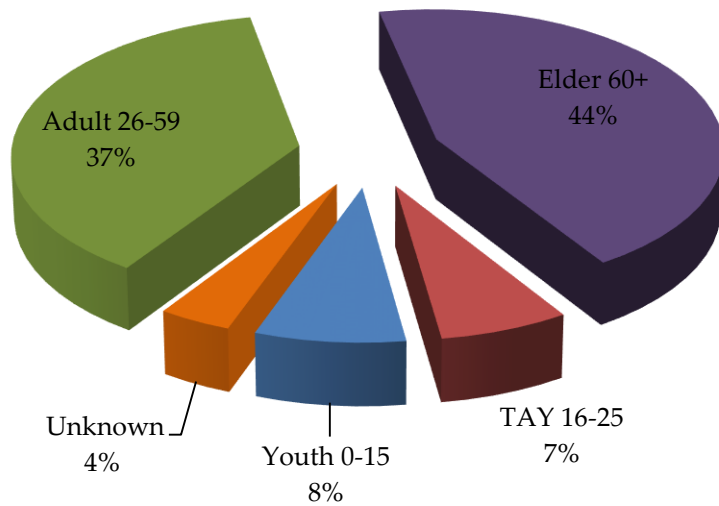


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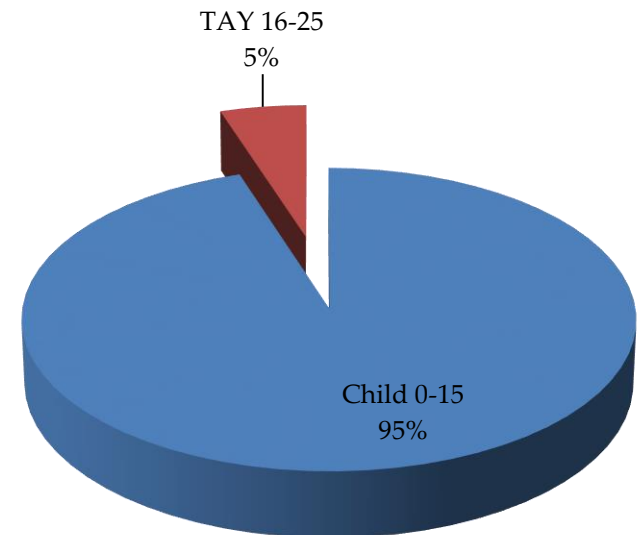




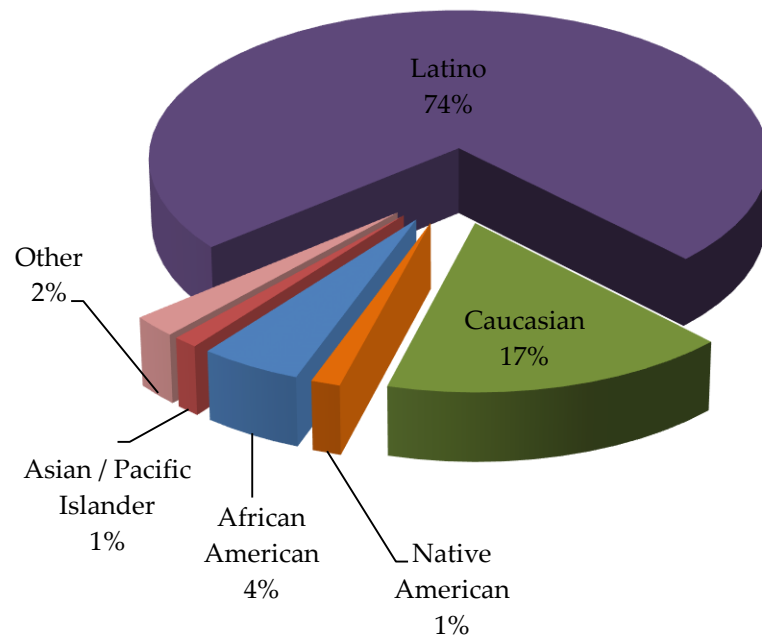
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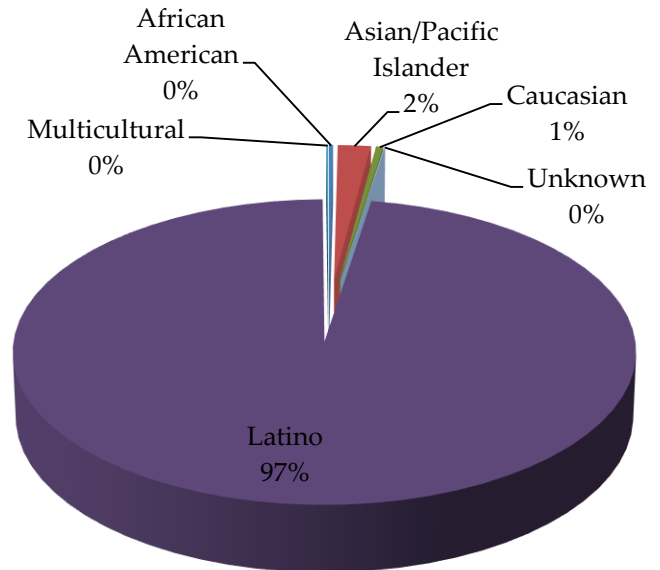
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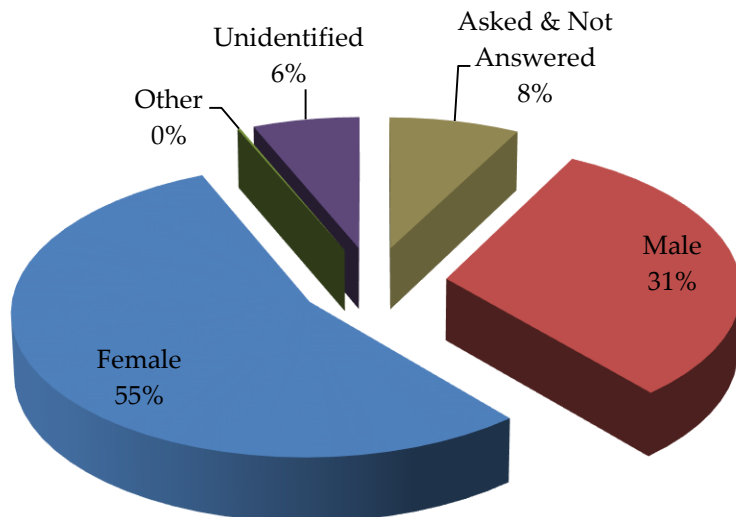
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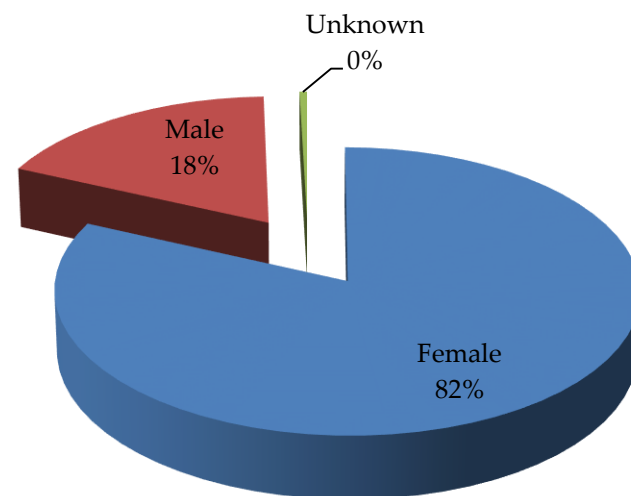
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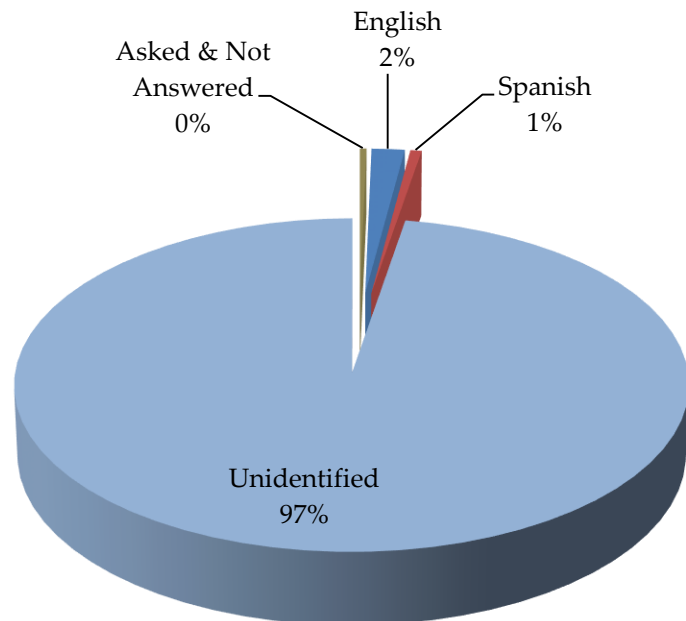
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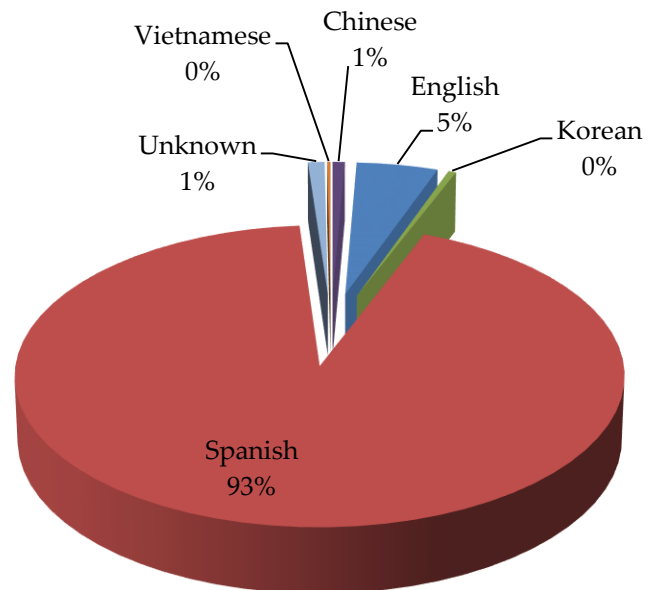
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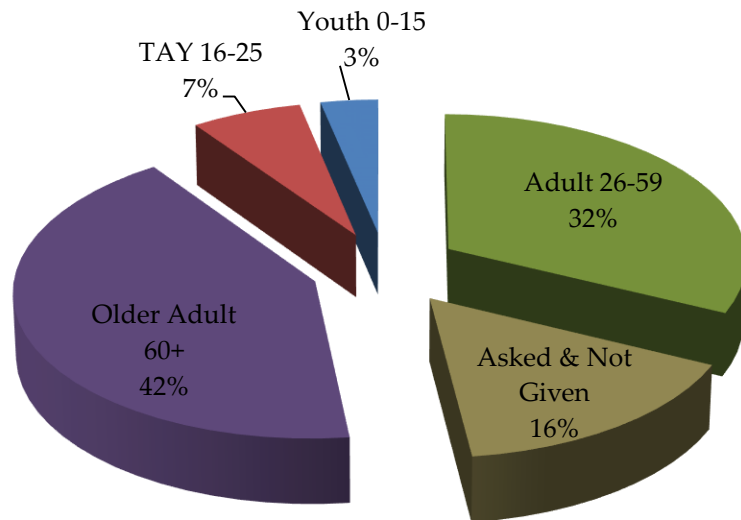
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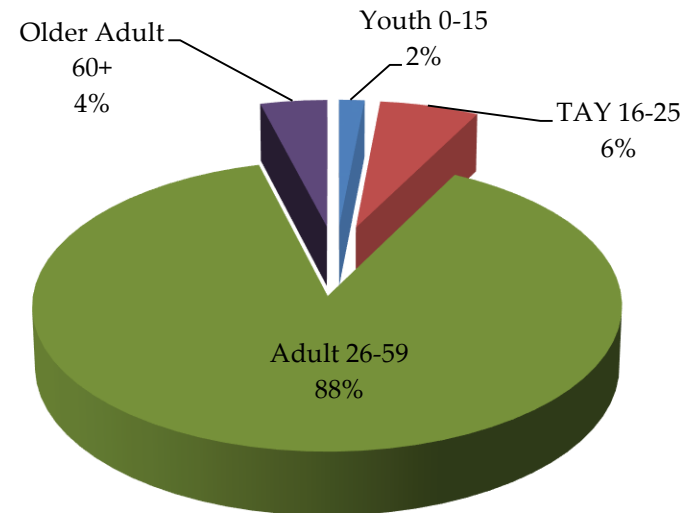
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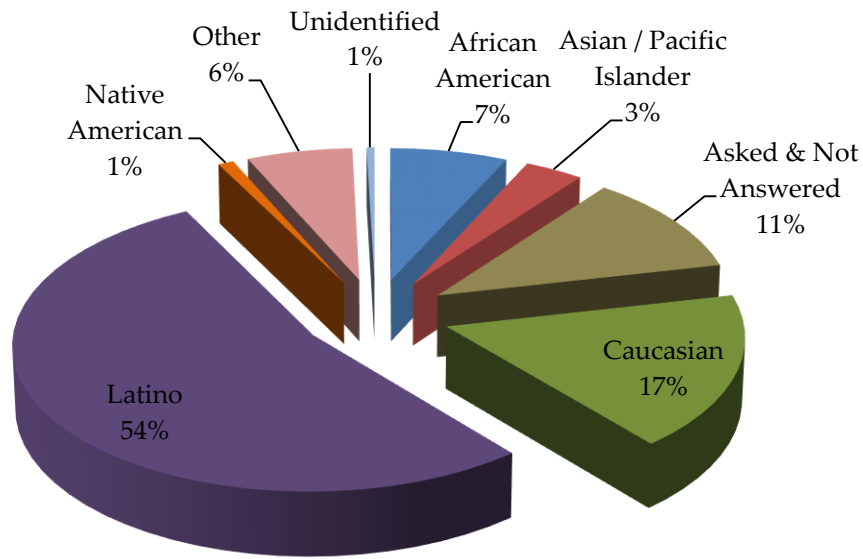
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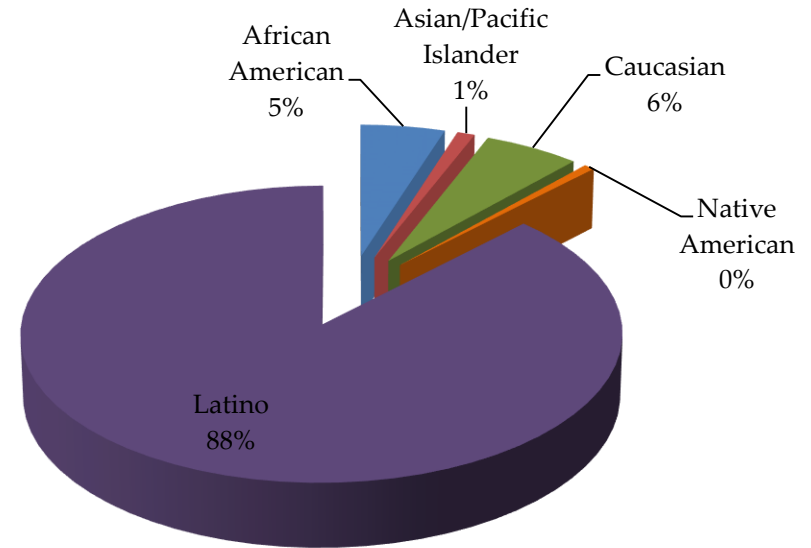
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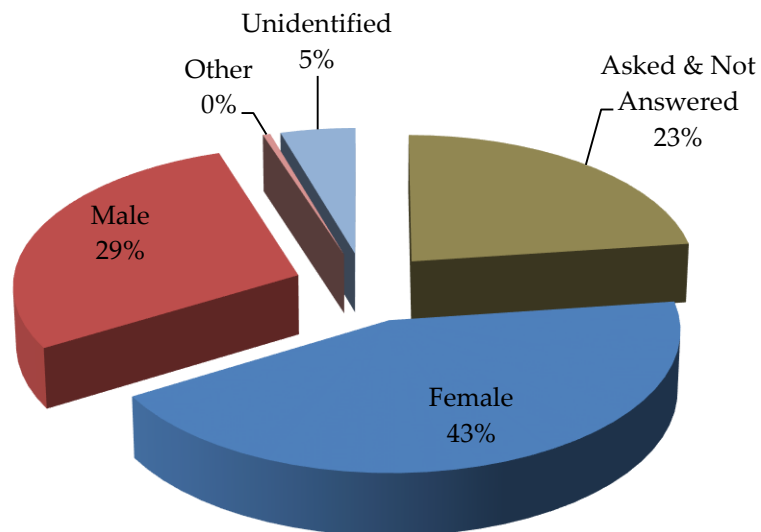
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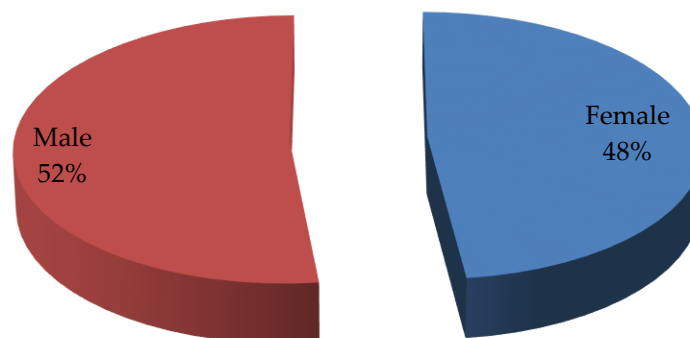
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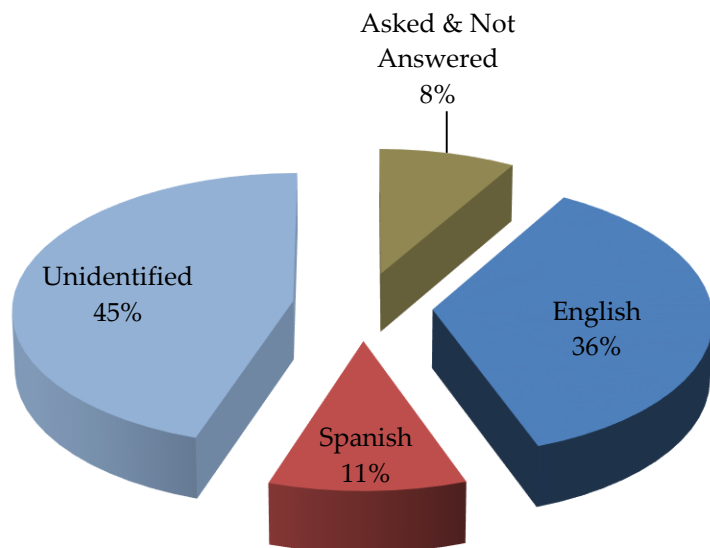
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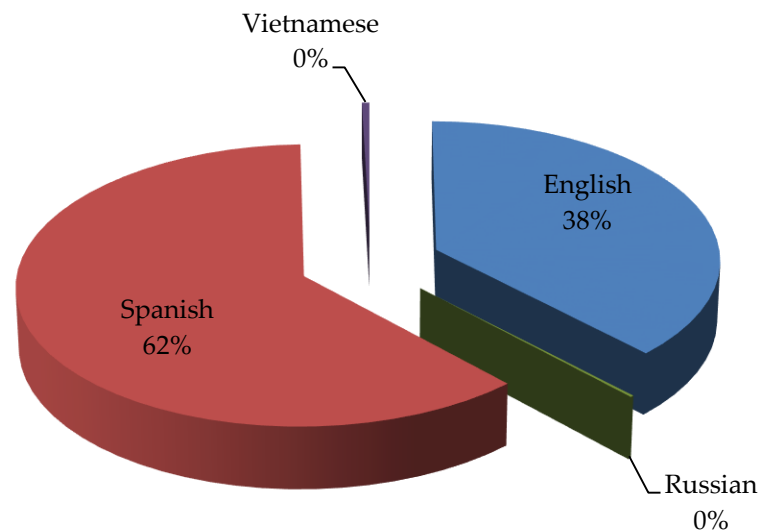
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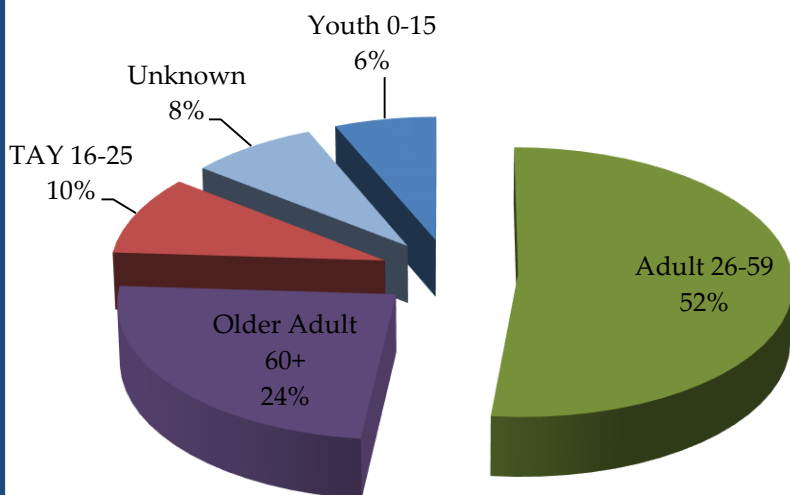


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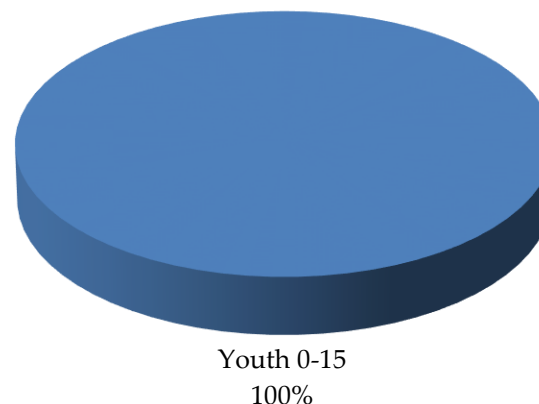


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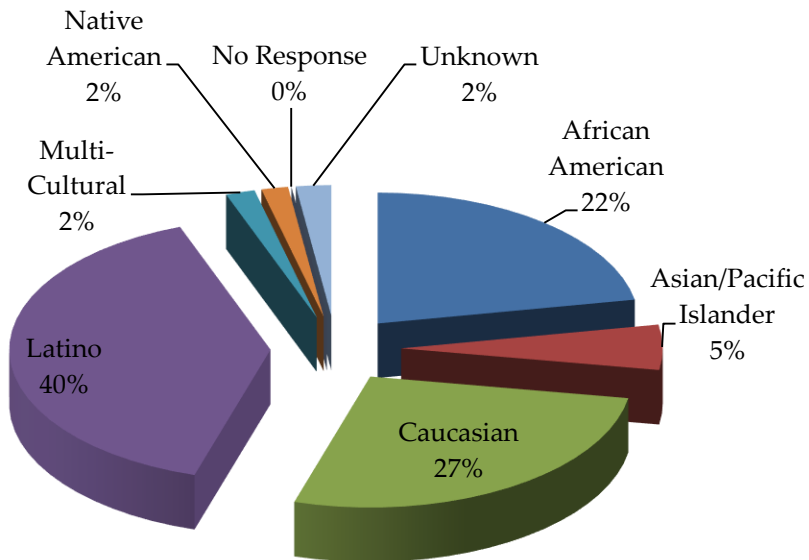
TAY 16-25  
Older Adult 60+  
Adult 26-59



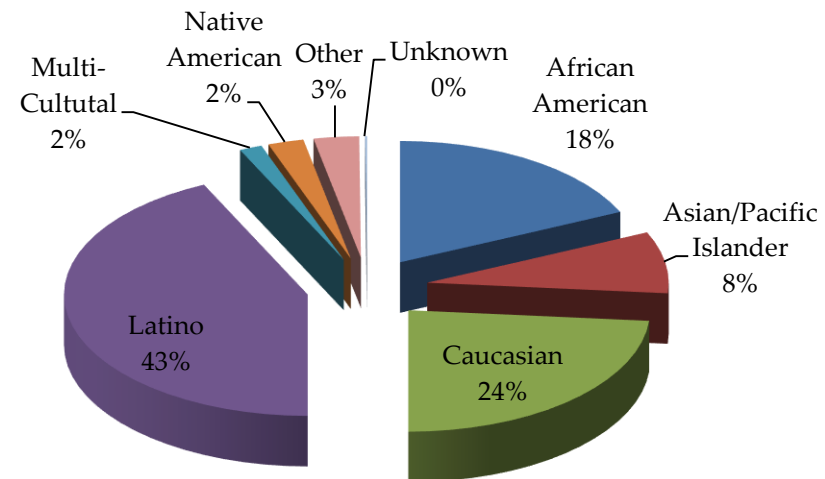
## Discussion Section II

# Section III

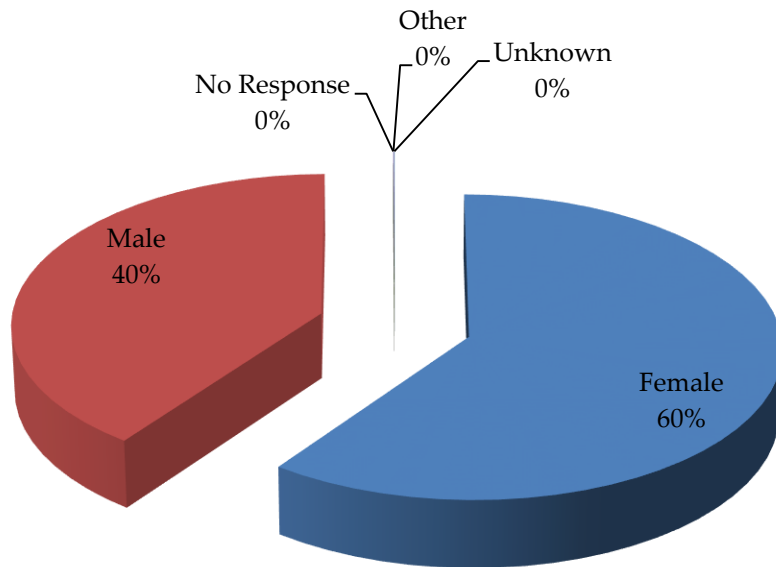
## Desert/Mountain Holistic Campus



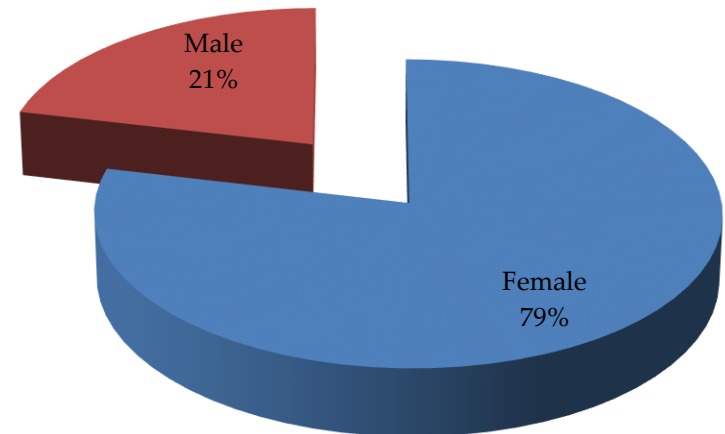
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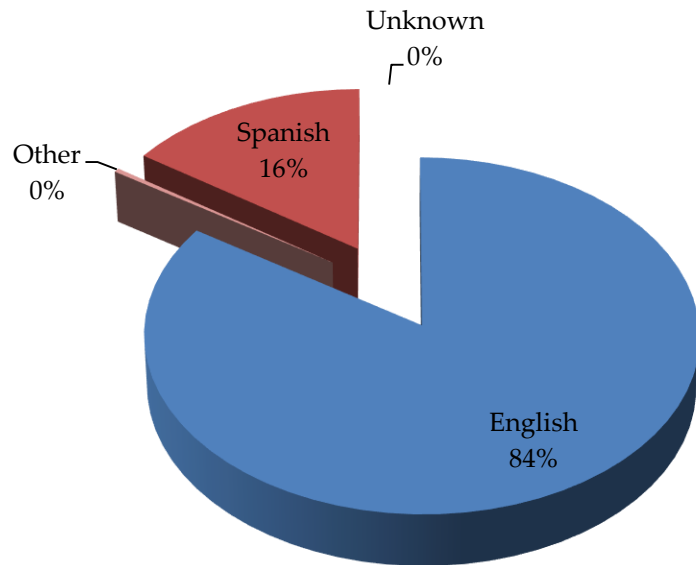
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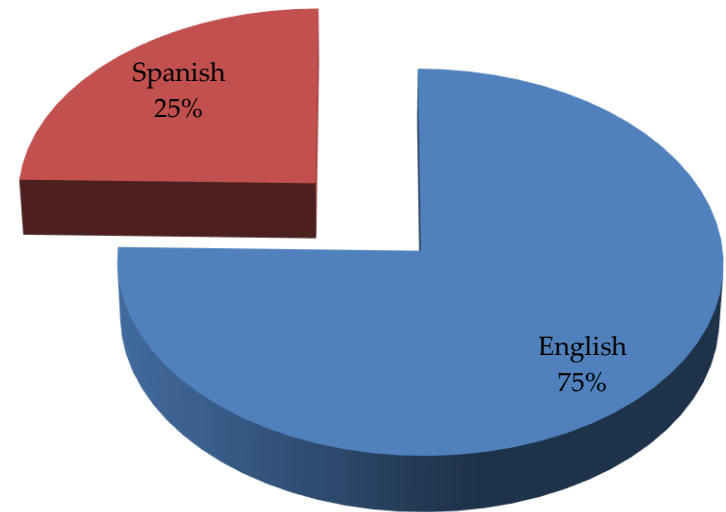
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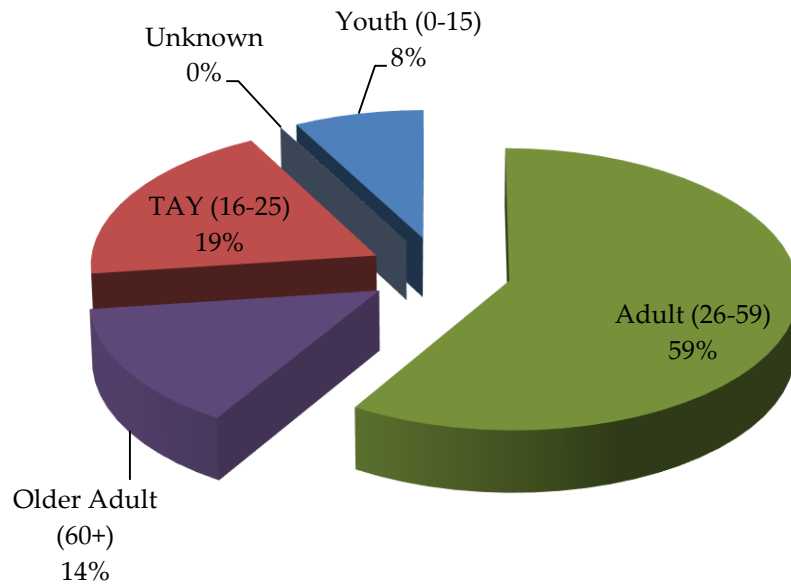
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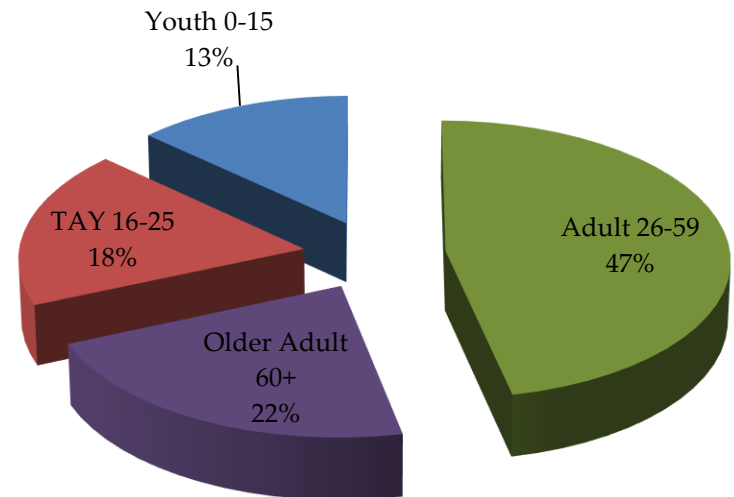
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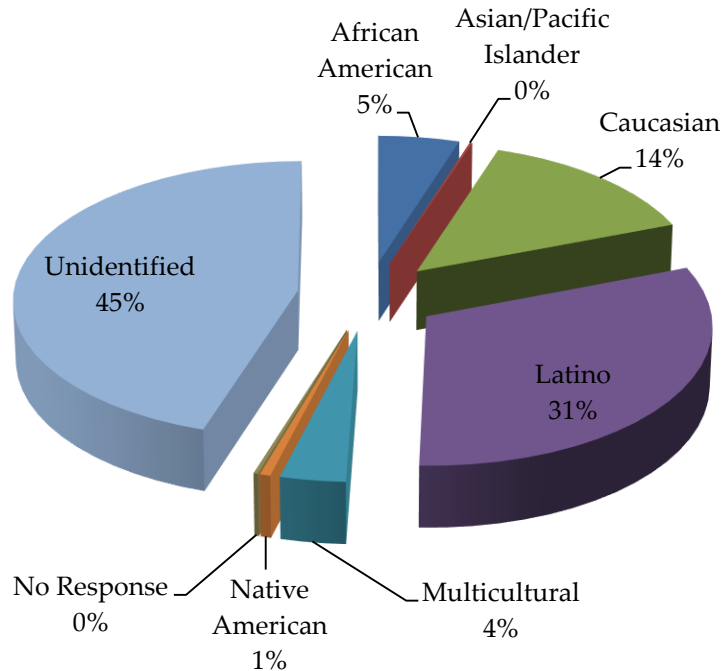
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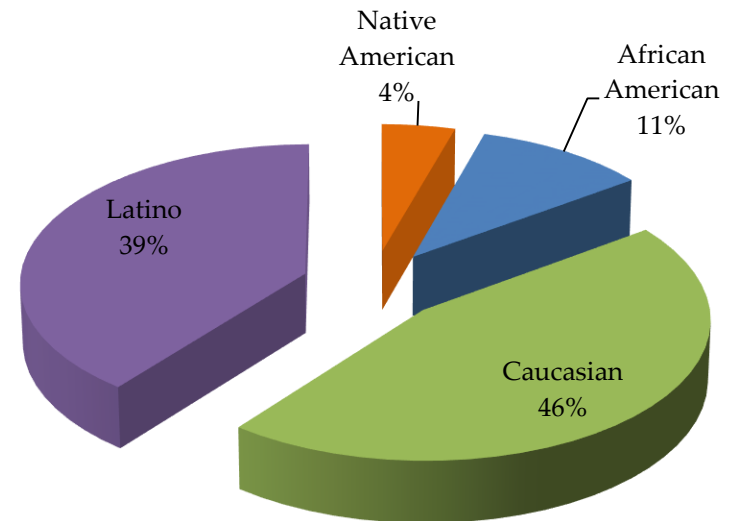
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## Desert/Mountain Holistic Campus

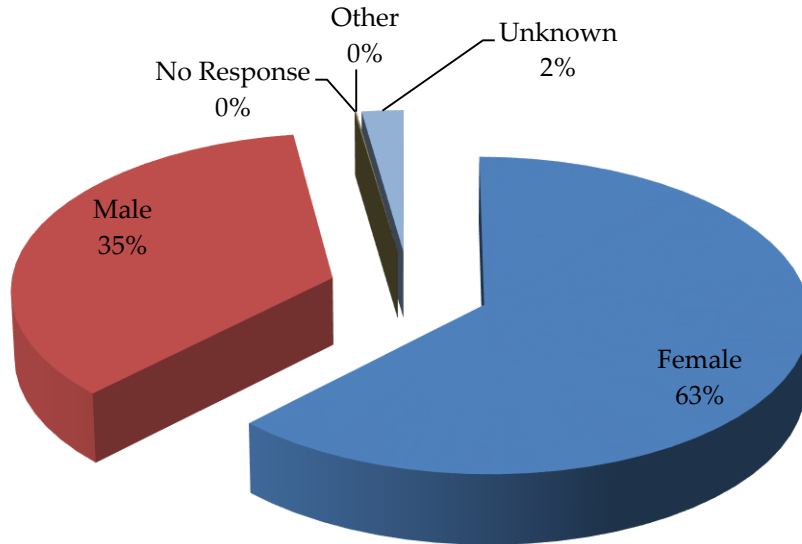


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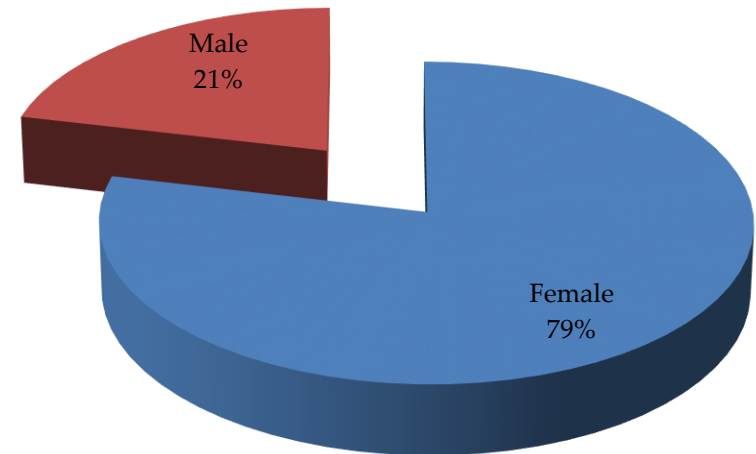




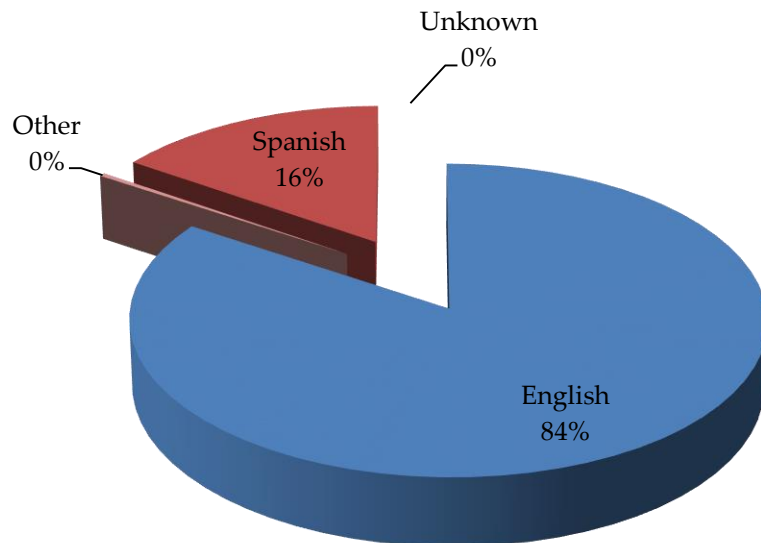
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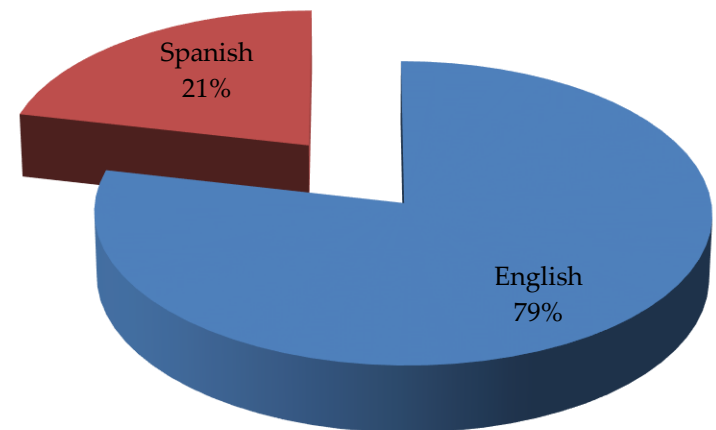
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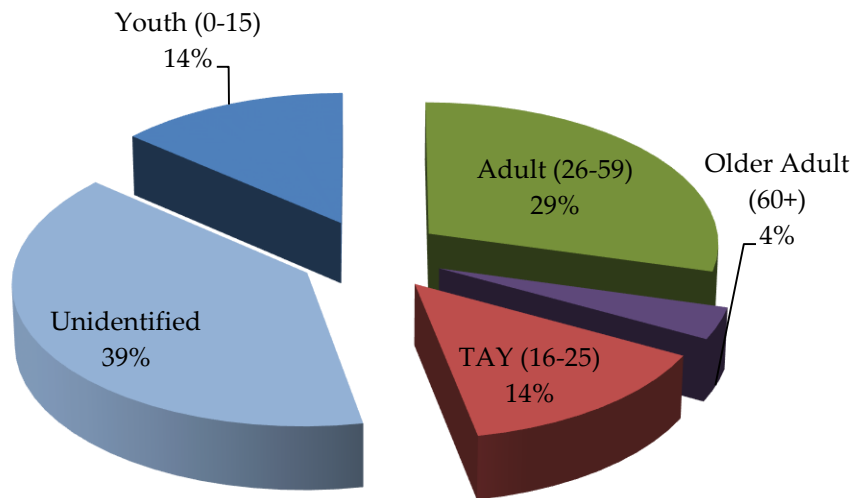
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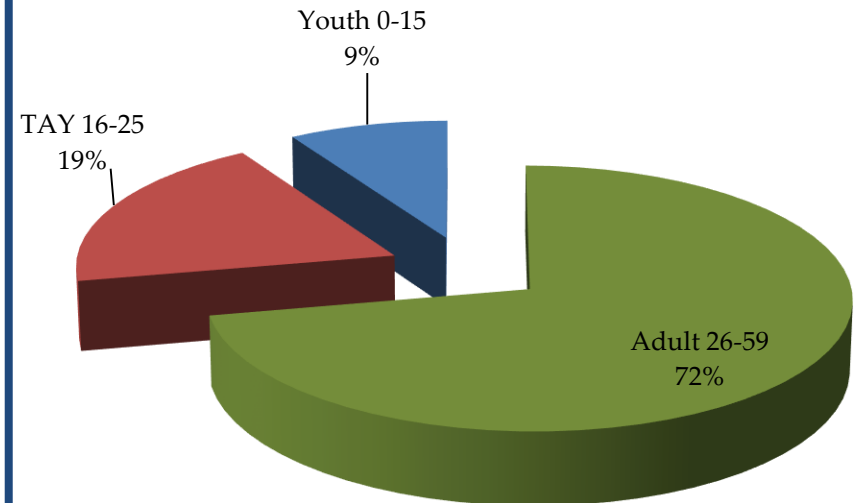
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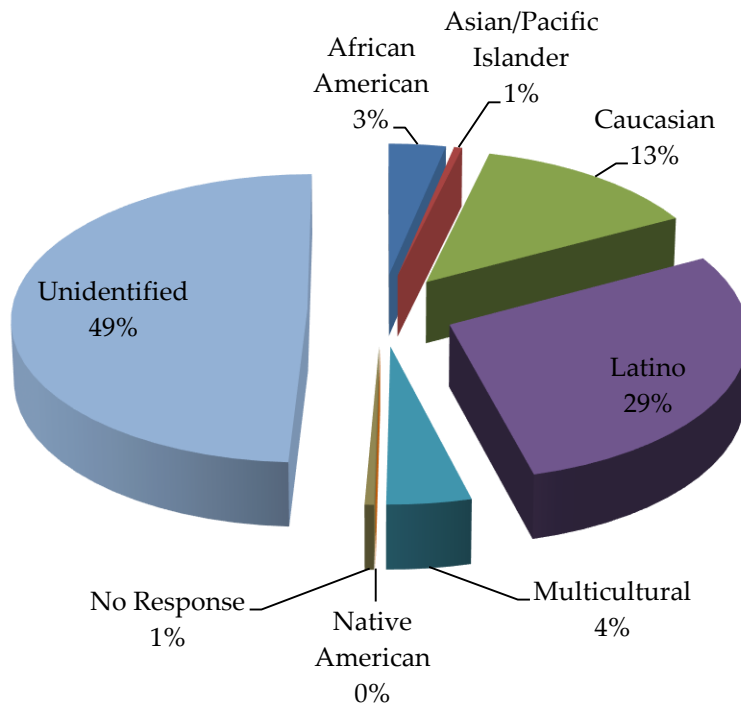
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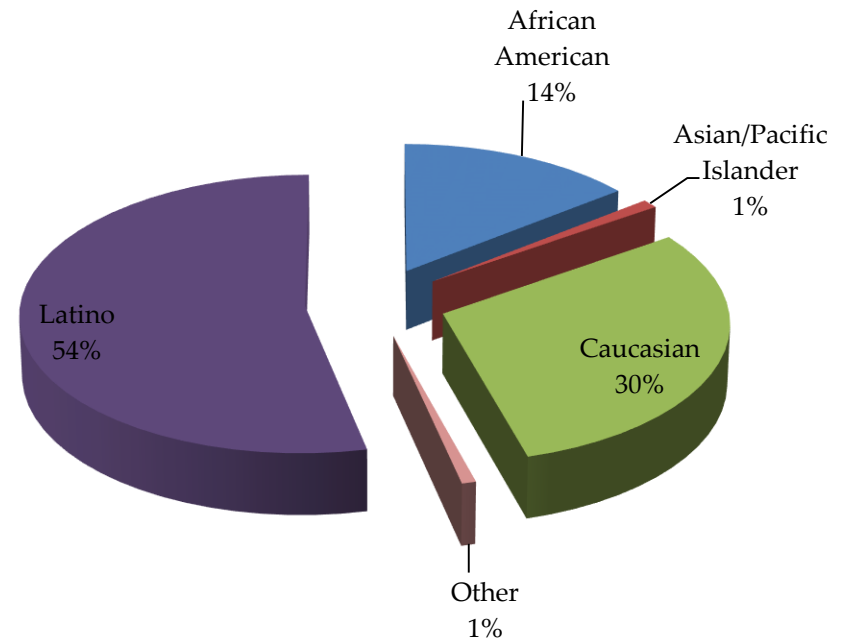
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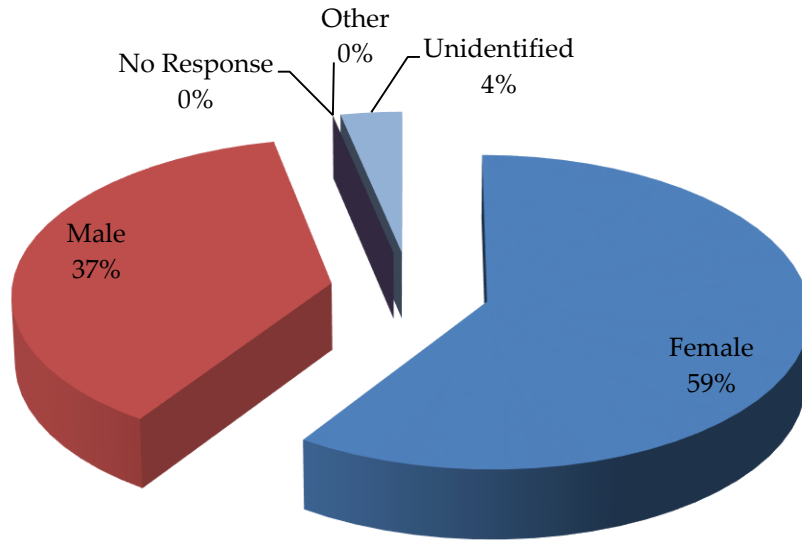
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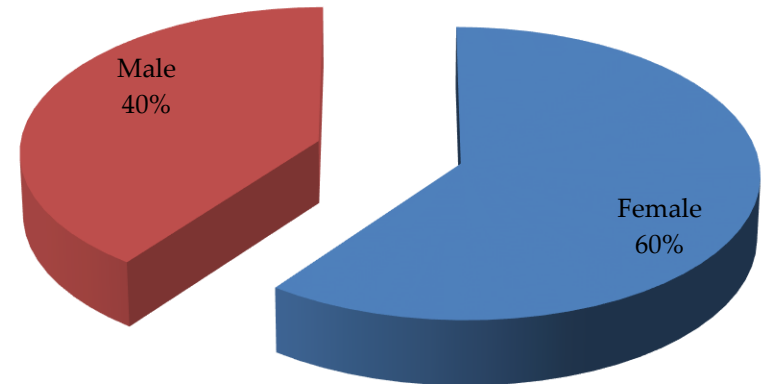
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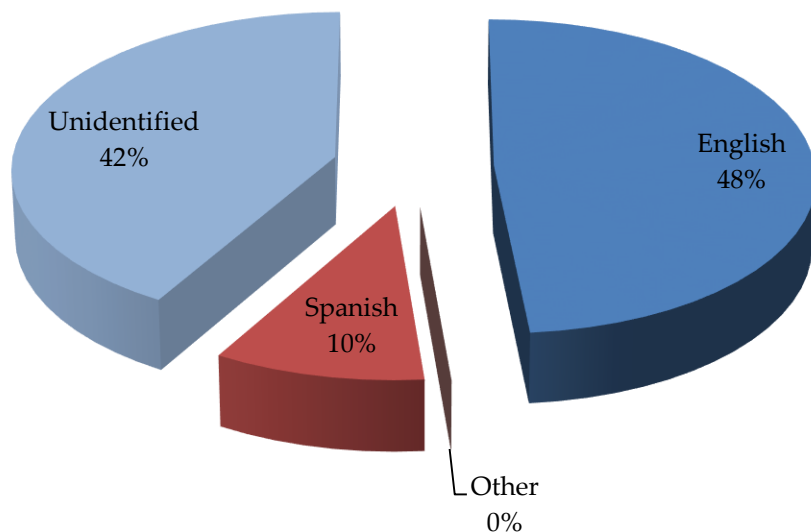
## Desert/Mountain Holistic Campus



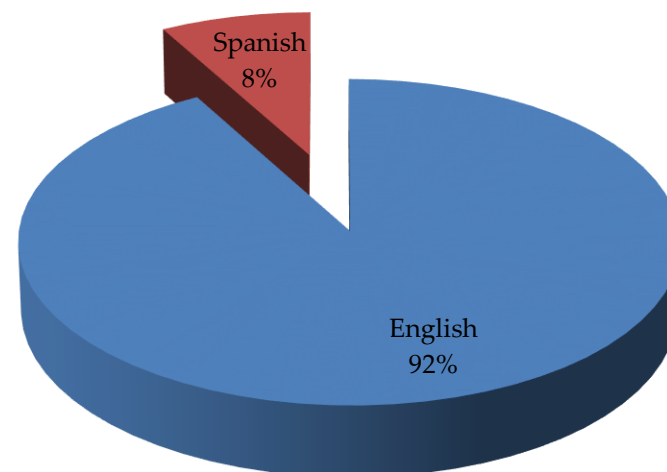
## Desert/Mountain Family Resource Center



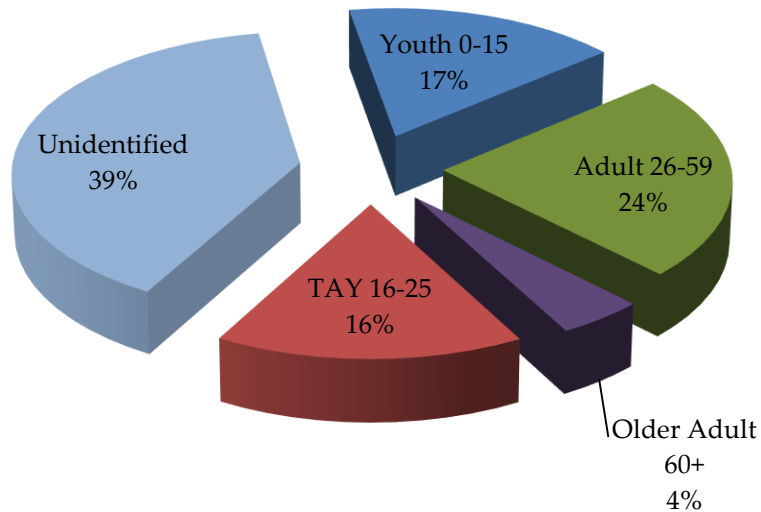
## Desert/Mountain Holistic Campus



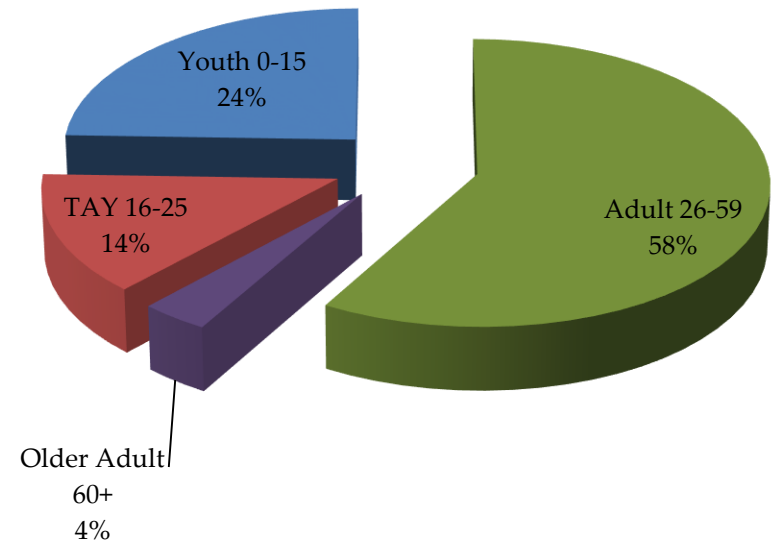
## Desert/Mountain Family Resource Center



## Desert/Mountain Holistic Campus



## Desert/Mountain Family Resource Center



# Discussion Section III



# Section IV

## Did the cultural and outreach strategies used work?

Ethnicity for Outreach Activities			
	Central Valley	West Valley	High Desert
African American	14.55%	5.31%	2.75%
Latino/Hispanic	66.34%	41.54%	49.51%
Asian/Pacific Islander	2.95%	11.44%	6.94%
Native American	1.79%	11.35%	2.06%
Caucasian	5.73%	12.57%	33.76%
Mixed/Other	0.85%	0.00%	2.26%
No Response	0.00%	2.76%	0.00%
Unknown/Not Asked	7.79%	15.02%	2.72%
Grand Total	100.00%	100.00%	100.00%

### Did the outreach strategies increase access to mental health services (therapy) at the holistic campus?

Holistic campus participants accessing therapy services at the holistic campus

	Central Valley	West Valley	High Desert
Total holistic campus Clients (Wellness & Therapy)	2381	9427	2022
Therapy Clients at holistic campus	185	437	209
% Receiving Therapy	7.77%	4.64%	10.34%

### Did the outreach strategies lead to increased access to mental health services in the DBH system of care?

Holistic campus participants accessing mental health services in the DBH system of care

	Central Valley	West Valley	High Desert
Total holistic campus Clients (Wellness & Therapy)	2381	9427	2022
Total Clients in DBH	39	51	332
% Clients in DBH	1.64%	0.54%	16.42%

# Discussion Section IV

## Next Steps

## Final Reports

- Includes analyses of project learning goals in comparison to project implementation.
- Identification of successful strategies.
- Recommendations to improve the system of care.
- Final report on the projects will be written and included in the FY 2016/2017 MHSA Annual Update.

**Thank you for your thoughtful participation!**

**March CPAC will focus on MHSA Annual Update  
2015/16**

**Your feedback is important to us.  
Please ensure you have completed your surveys.**



**For questions or comments, please contact**

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